

RCIA WELCOME

Please fill out this information form completely. Thank you.

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE (H) _____ CELL _____

WORK _____ BIRTHDATE _____

BAPTISMAL INFORMATION

HAVE YOU BEEN BAPTIZED? YES _____ NO _____

IF YES, PLEASE COMPLETE THE FOLLOWING:

DATE BAPTIZED _____ DENOMINATION _____

NAME OF CHURCH _____

ADDRESS _____

CITY, STATE, ZIP _____

IF BAPTIZED IN THE CATHOLIC CHURCH, PLEASE ANSWER THE FOLLOWING:

HAVE YOU RECEIVED FIRST RECONCILIATION? YES _____ NO _____

HAVE YOU RECEIVED FIRST HOLY COMMUNION? YES _____ NO _____

HAVE YOU RECEIVED CONFIRMATION? YES _____ NO _____

***IF YOU HAVE BEEN BAPTIZED, PLEASE SUBMIT A COPY OF YOUR BAPTISMAL CERTIFICATE TO THE DRE.**

MARRIAGE INFORMATION

HAVE YOU EVER BEEN MARRIED? YES _____ NO _____

IF YOU HAD BEEN MARRIED BUT ARE NOT NOW, ARE YOU
WIDOWED _____ SEPARATED _____ DIVORCED _____

IF YOU ARE CURRENTLY MARRIED, PLEASE COMPLETE THE FOLLOWING:

CHURCH WEDDING OR MARRIED BY CIVIL AUTHORITY _____

PLACE OF MARRIAGE _____

ADDRESS _____

CITY, STATE, ZIP _____

IF MARRIED, WERE YOU/YOUR SPOUSE MARRIED BEFORE? YES ____ NO ____

FAMILY INFORMATION

PLEASE LIST CHILDREN LIVING AT HOME:

NAME	AGE	BAPTIZED (Y/N)	DENOMINATION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____