



OUR LADY, QUEEN OF THE MOST HOLY ROSARY CATHEDRAL

R.C.I.A. Registration

Last Name _____ First _____ Middle: _____ Maiden: _____

Address _____ City _____ Zip _____

Home Phone # (_____) _____ Cell # (_____) _____

E-mail Address: _____ Birth Father's Name _____

Birth Mother's Name _____ Birth Mother's Maiden Name: _____

Date of Birth _____ Place of Birth - City / State / Country _____

Have you been baptized in any Church? _____ Date of Baptism _____

Name of Church of Baptism _____ City / State / Country _____

A COPY OF YOUR BAPTISMAL CERTIFICATE ISSUED IN THE PAST 6 MONTHS IS REQUIRED BY DEC. 1ST

Your Religion Today _____ Church you are attending today _____

Why are you interested in R.C.I.A.? _____

CIRCLE the sacraments you are interested in receiving in the Catholic Church.

BAPTISM CONFIRMATION RECONCILIATION FIRST EUCHARIST MARRIAGE

CIRCLE current Marital Status. SINGLE MARRIED DIVORCED WIDOW/ER

The number of times you have been married in a civil ceremony. _____

The number of times you have been married in a church ceremony. _____

Denomination of the church / churches _____

The number of times your spouse has been married _____

OFFICE USE ONLY

BAPTISM CERTIFICATE _____ CATECHUMEN _____ CANDIDATE _____

SPONSOR NAME _____ CONFIRMATION NAME _____

SACRAMENTS TO RECEIVE: _____
BAPTISM RECONCILIATION EUCHARIST CONFIRMATION