

## RCIA REGISTRATION

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
4. Have you been baptized in any religion? Yes \_\_\_ No \_\_\_
5. If yes, what denomination? \_\_\_\_\_
6. Date and Place of Baptism \_\_\_\_\_
7. Have you or your spouse have been married before even civilly?  
Male \_\_\_ Female \_\_\_
8. Please list all prior marriage (you and your current spouse)

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Note: Please including the name of former spouse, the place and date of marriage and who officiated

9. Married in the Catholic Church? Yes \_\_\_ No \_\_\_  
Place and Date of Marriage \_\_\_\_\_
10. Are you cohabitating at the moment without marriage? Yes \_\_\_ No \_\_\_
11. Civilly Married? Yes \_\_\_ No \_\_\_  
Place and Date of Civil Marriage \_\_\_\_\_
12. Have you received other Sacraments from the Catholic Church?  
Yes \_\_\_ No \_\_\_  
Please list the Sacraments you already received:

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