

**R.C.I.A.**  
(Rite of Christian Initiation of Adults)  
**REGISTRATION FORM**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text okay? \_\_\_\_\_

Your Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City State

E-mail: \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
Street City State Zip

**Sacraments you are Requesting:** \_\_\_\_\_ Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation

Or: \_\_\_\_\_ *I am curious about the Catholic faith and not seeking any Sacraments at this time.*

**Are you currently going to Mass on a weekly basis?**

\_\_\_\_\_ No. How often do you typically attend Mass? \_\_\_\_\_

\_\_\_\_\_ Yes. Which Mass time do you usually attend? \_\_\_\_\_

\_\_\_\_\_ *I attend Mass at another Parish: \_\_\_\_\_ and I am seeking my Sacraments at St. Joseph's or OLMC/SAS instead of my home parish because:*

**Current Marital Status:**

\_\_\_\_\_ Single, never married \_\_\_\_\_ Married, in the Catholic Church  
\_\_\_\_\_ Married civilly or in another faith \_\_\_\_\_ Divorced  
\_\_\_\_\_ Unmarried, cohabitating \_\_\_\_\_ Married, but separated from spouse  
\_\_\_\_\_ Engaged to be married in the Catholic Church on this date: \_\_\_\_\_  
\*Fiancée's name: \_\_\_\_\_

**If married or engaged:**

\_\_\_\_\_ This is my first marriage \_\_\_\_\_ This is my fiancée's first marriage  
\_\_\_\_\_ I was previously married, but now widowed \_\_\_\_\_ Spouse previously married, but now widowed

<input type="checkbox"/> I was previously divorced	<input type="checkbox"/> My fiancée/spouse was previously divorced
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**\*\*Engaged Couples are encouraged to attend sessions together. \*\***

**If you are requesting Baptism, please complete the following:**

Father's Name: \_\_\_\_\_

Mother's Name (including Maiden name): \_\_\_\_\_

*\*\*For Baptism, one Godparent is required; two are optional. Godparents may not be your parents, spouse, or spouse's parents.*

Godfather: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Text okay: \_\_\_\_\_

Email address: \_\_\_\_\_

Godmother: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Text okay: \_\_\_\_\_

Email address: \_\_\_\_\_

**\*\*Your Birth Certificate is required\*\***

**If you have been previously baptized, please complete the following:**

Place of Baptism: \_\_\_\_\_  
Church City State Zip code

**\*\*Your Baptismal Certificate is required\*\***

**If only requesting Confirmation, please complete the following:**

Sponsor: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Text okay: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*Your Baptismal Certificate is required\*\***