

Rite of Christian Initiation of Adults (RCIA)

Initial Information Form (Adult) Please send the completed form to: crsacraments@gmail.com

Please complete this form and return it to the parish (PLEASE PRINT)

Name of Enquire	er:						
	First Name		Middle Name(s)	Last Na	me	Maiden Name (if applicable)	
	Male	Female					
Address:							
Address. –	Street				Apartmen	nt/Unit #	
					P		
_	City		Province		Postal Co	ode	
Phone:							
- "	Home		Work		Cell		
Email:							
Date of Birth:							
_	Month	Day	Year				
Place of Birth:		·					
_	City		Province		Country		
Father's Name:							
	First Name		Middle Name(s)	L	ast Name		
Mother's Name:							
Catharla Dalinia	First Name		Middle Name(s)		ast Name	Maiden Name	
Father's Religion: Mother's Religion: Mother's Religion:							
Have you ever b	een baptized?	Yes (pro	vide certificate, record,	or affidavit)	□No		
				, , , , , , , , , , , , , , , , , , ,			
Date of Baptism: Catholic Rite or Christian Denomination:							
			_		(e.g. Roman Ca	tholic, Presbyterian, United Church, etc.)	
Place of Baptism:							
	Name of Chu	ırch					
	Street				City	ı	
	Olloot				Oity	1	
	Province		Country		Pos	stal Code	
Do you have ali	drop vou ···o··l-	like to preser	for Christian initiation - 2	□ Vaa /s==	wida nama and a	ago of oach child halow.	
you nave chii	uren you would	like to prepare	for Christian initiation?	res (pro	ovide name and a	age of each child below) No	
Name (age):	1)			3)			
ivaille (age).	·/			³⁾			
,	2)			4)			
	,			′			

Marital Status*

Curre	ent marital status:								
	Single								
	A widow/widower								
	Separated* (plea	d * (please complete Marriage History form in the appendix)							
	Divorced* (please	ase complete Marriage History form in the appendix)							
	Engaged to be r								
	Were you marri		ancé/Fiancée	Yes, number of previous marriages*:					
	Has your fiancé/fiancée been married befo		re? 🗌 No	Yes, number of previous marriages*:					
	Married to:	Name of Spouse							
	Is your spouse	·	☐ No	Is this marriage civil or religious?					
	Were you marri	ed before?	☐ No	Yes, number of previous marriages*:					
	Has your spous	se been married before?	☐ No	Yes, number of previous marriages*:					
	In a common-lav	w relationship with:	Name of Partner						
	Were you marri	ed before?	Name of Partner No	Yes, number of previous marriages*:					
Has your partn		er been married before?	□No	Yes, number of previous marriages*:					
	-	History form in the append se's, engaged or or commo		e information regarding your current and previous marriages (if any), previous marriages (if any).					
Impo	ortant Note:	If the person who wishes to become Catholic (or his/her spouse or fiancée/fiancé) was in a previous marriage that ha not been declared invalid or dissolved by the Catholic Church, this person cannot enter the RCIA process at this time. They also cannot join the RCIA process if he or she is currently cohabitating in a common-law relationship which they do not intend to rectify before the Rite of Enrolment.							
		Only when the above persons are free to enter marriage in the Catholic Church can they be accepted into the RCIA process and prepare for the sacraments of Christian initiation.							
Decla	aration								
I, the	undersigned, dec	clare that the information pr	ovided on this fo	rm and all other forms in the appendix are true and accurate.					
Nam	e (PLEASE PRIN	IT):							
	Signature: Date:								
									

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