

ST. JOSEPH PARISH
REGISTRATION FOR R.C.I.A.
RITE OF CATHOLIC INITIATION FOR ADULTS

Please print clearly

Candidate's Full Name: _____

First Name Middle Name Last Name(s)

ADDRESS

Street _____ City _____ Postal Code _____
Province _____ Country _____ Tel. _____
email _____

Date of Birth: DD/MM/YYYY City of Birth: _____ Country of Birth: _____

Occupation: _____ Have you been **Baptized Catholic**? Yes No

If not, in which Christian Denomination? _____

Date of Baptism: DD/MM/YYYY Church: _____ City: _____

Please provide us a copy of your **Baptismal certificate**.
If you don't have it, request a copy to such Parish.

Do you attend Mass? Yes No If yes, how often? Regularly Occasionally Seldom

Father's Name: _____
Name Religion / Rite*

Mother's Name: _____
Name Religion / Rite*

**Please indicate if you are a member of an Eastern Rite of the Catholic Church. (e.g., Ukrainian Catholic, Maronite, etc.)*

MARITAL STATUS

Spouse's Name _____
First Name Middle Name Last Name(s) Religion / Rite*

Are you presently married? Yes No Church Name / Denomination _____

Were you married in the Catholic Church before this present marriage? Yes No

Was your Spouse married before this present marriage? Yes No

Was an Annulment or "Privilege" of the Faith granted? Yes No

Or

Are you currently living in a common-law relationship? Yes No

Are you planning to enter into Christian marriage? Yes No

Or

Are you currently separated or divorced from your spouse? Yes No

FOR OFFICE / MINISTER USE ONLY

Form received DD/MM/YYYY

Comments _____