



# St. Christopher Catholic Church

## Rite of Christian Initiation for Adults Application

### BIOGRAPHICAL INFORMATION

Last Name	First Name	Middle
Were you baptized or raised in any faith? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have been baptized, <u>you must</u> provide a copy of Baptismal Certificate with application.		If YES, in which Faith?  If YES, Name of Church in which you were Baptized:
Denomination in which you were Baptized?		City, State in which you were Baptized:
If you are Catholic, what other Sacraments have you received?		
Home Address		
City		State, Zip
Home Phone		Home email
Cell phone		Fax phone
Work phone		Work email
Occupation		Date of Birth
City of Birth		State of Birth

### MARITAL INFORMATION

<input type="checkbox"/> Never Married <input type="checkbox"/> Engaged <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried	
Spouse's Full Name:	Was wedding: Civil / Church: Denomination_____
Where was your wedding held? <input type="checkbox"/> Church <input type="checkbox"/> Courthouse	Other _____
Is your Fiancee/Spouse Catholic?	If no, what is his/her faith: _____
Has your Fiancee/Spouse been married before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Civil or Religious ceremony
Engaged: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, anticipated date of Wedding:
Fiancee's Full Name:	Faith affiliation:
Applicant Signature:  _____	Date: _____

**Thank you for your inquiry into the RCIA Program. Please be assured that all information obtained in this form will be held confidential.**

***This page to be completed once candidate completes period of Inquiry Information for Sacramental Recording***

**PARENT INFORMATION**

Father's Name: FIRST	MIDDLE	LAST
Mother's Name: FIRST	MIDDLE	LAST

**SPONSOR INFORMATION**

Name: FIRST	MIDDLE	LAST
Address:	City:	Zip
Phone:	Email:	

**SPONSOR SACRAMENTAL INFORMATION**

	DATE	CHURCH	CITY, STATE
<b>BAPTISM</b>			
<b>FIRST COMMUNION</b>			
<b>CONFIRMATION</b>			

**SPONSOR SACRAMENTAL INFORMATION**

Never Married     Engaged     Divorced     Married     Widowed     Remarried

<b>Was your wedding:</b>	<b>Please select:</b>	<b>Church</b>	<b>Civil Ceremony</b>
<b>Name of Church:</b>	<b>City, State:</b>		

**Additional Comments:**


*For office use only:* **Confirmandi Saint Name:** \_\_\_\_\_ **Confirmation Date:** \_\_\_\_\_