



**Rite of Christian Initiation of Adults (RCIA)
Initial Information Form (Adult)**

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

Personal Information

Name of Enquirer:			
First Name	Middle Name(s)	Last Name	Maiden Name (if applicable)
<input type="checkbox"/> Male <input type="checkbox"/> Female			

Address:		
Street	Apt/Unit #	
City	Province	Postal Code
Home Phone:	Work Phone:	Cell:

Email:

Date of Birth:	Month _____ Day _____ Year _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth:	City _____ Province _____ Country _____	

Father's Name:

Mother's Name:

Father's Religion:		Mother's Religion:
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Have you ever been baptized? <input type="checkbox"/> Yes (provide certificate, record, or affidavit) <input type="checkbox"/> No
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Date of Baptism:	Catholic Rite or Christian Denomination:
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Place of Baptism:	
Name of Church	
Street	City / Province / Country / Postal Code

Do you have children to prepare for Christian initiation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1) _____	3) _____
2) _____	4) _____



Marital Status

Current marital status:

<input type="checkbox"/> Single	
<input type="checkbox"/> A widow / widower	
<input type="checkbox"/> Separated <i>(please complete Marriage History form in the appendix)</i>	
<input type="checkbox"/> Divorced <i>(please complete Marriage History form in the appendix)</i>	
<input type="checkbox"/> Engaged to be married to:	Name of Fiancé / Fiancée
Were you married before? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of previous marriages*: _____	
Has your fiancé/fiancée been married before? <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____	
<input type="checkbox"/> Married to:	Name of Spouse
Is your spouse Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this marriage civil or religious? <input type="checkbox"/> Civil <input type="checkbox"/> Religious	
Were you married before? <input type="checkbox"/> Yes <input type="checkbox"/> No Number*: _____	
Has your spouse been married before? <input type="checkbox"/> Yes <input type="checkbox"/> No Number*: _____	
<input type="checkbox"/> In a common-law relationship with:	Name of Partner
Were you married before? <input type="checkbox"/> Yes <input type="checkbox"/> No Number*: _____	
Has your partner been married before? <input type="checkbox"/> Yes <input type="checkbox"/> No Number*: _____	

* Using the Marriage History form in the appendix, please provide information regarding your current and previous marriages (if any), as well as your spouse's, engaged or common-law partner's previous marriages (if any). Important Note: If the person wishing to become Catholic was in a previous marriage not declared invalid or dissolved by the Catholic Church, this person cannot enter the RCIA process at this time.

Declaration

I, the undersigned, declare that the information provided on this form and all other forms in the appendix are true and accurate.

Name - _____ Date - _____ Signature - _____