

REGISTRATION FORM FOR R.C.I.A CANDIDATES

NAME: _____

ADDRESS: _____

PHONE (home) _____ (work) _____ (mobile) _____

BIRTH: Where: _____ date: _____ Age now: _____

Father's Name _____ His Religion _____

Mother's Name (maiden surname) _____ Religion _____

SACRAMENTS RECEIVED

Have you already been Baptised (), Confirmed () or made your First Holy Communion ()? If so, please indicate:

In which Church _____ where _____ When _____

MARITAL STATUS: () Single () Married () Living together

If married, in which church? _____ Where _____ When _____

Spouse's Name: _____ His/Her Religion _____

Names and ages of any children: _____

Have you or your partner been married before? () Yes () No

If yes, please give details: _____

SPONSOR: Name _____ Age _____

Address _____

Phone: (home) _____ (work) _____ (mobile) _____

YOUR FAITH JOURNEY: Is there anything you would like to tell us about your faith journey to this point in your life? What has led you to enquire about the RCIA programme? What are you looking for from a closer look at the Catholic Church?

