



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 YES, in which Faith?	
If you have been baptized, <u>You must</u> provide a copy of Baptismal Certificate with application.	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: <input type="checkbox"/> Civil / <input type="checkbox"/> Church: Denomination _____
Where was your wedding held? <input type="checkbox"/> Church <input type="checkbox"/> Courthouse	<input type="checkbox"/> Other _____
Is your Fiancee/Spouse Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is his/her faith: _____
Has your Fiancee/Spouse been married before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Civil or <input type="checkbox"/> Religious ceremony
Engaged: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, anticipated date of Wedding: _____
Fiancée'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	<u>MAIDEN</u>

SPONSOR INFORMATION

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

SPONSOR SACRAMENTAL INFORMATION

	DATE	CHURCH	CITY, STATE
BAPTISM			
FIRST COMMUNION			
CONFIRMATION			

SPONSOR MARITAL INFORMATION

Never Married
 Engaged
 Divorced
 Married
 Widowed
 Remarried

Was your wedding:	Please circle one: Church Civil Ceremony
Name of Church:	City, State:

Additional Comments:

For office use only: **Confirmandi Saint Name:** _____ **Confirmation Date:** _____