

Date of Registration _____

Holy Angels RCIA

Name _____
(Last) (First) (Middle)

Address _____ City, State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail 1 _____ E-Mail 2 _____

Occupation _____

Date of Birth _____ City & State of Birth _____

Your Maiden Name (if applicable) _____

Your Mother's Full Name **BEFORE** Marriage _____

Your Father's Full Name _____

Religion of Mother _____ Religion of Father _____

Did your parents have you baptized / Christened? _____ Catholic? _____

Denomination (if other than Catholic) _____

Did you choose yourself to be baptized? _____ If so, date _____

Name of Church _____ City, State _____

If Catholic, have you been Confirmed? _____ If so, date _____

If Catholic, have you made your First Communion? _____ If so, date _____

Did you attend Sunday School when you were growing up? _____ How many years? _____

Did you attend Catholic School? _____ If so, for how many years? _____

(over)

Please circle response:

Are you engaged / separated / married / widowed / divorced ?

To whom? _____

Is your spouse / fiancé Catholic? _____ **Non-Catholic (specify)** _____

If married, were you married by a Catholic Priest? _____ Date _____

Were either you or your spouse / fiancé previously married? _____

Was an annulment granted? _____

Children: (names and ages)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Are your children baptized? _____ If yes, what denomination? _____

Is there someone you would like as an RCIA Sponsor? _____

Any other information you would like us to know about you or your family:
