

Name of spouse _____
Religion of spouse _____
Marriage witnessed by: _____ priest _____ civil authority _____ minister of another faith
Other (please explain) _____
Is your spouse supportive of your conversion? _____

RCIA INFORMATION SHEET
PLEASE PRINT

Full Legal Name: _____

Name as you would like it in print: _____

Address: _____

City: _____ ZIP: _____

Phone: _____ E-mail _____

Birth Information: Date of Birth: _____

Place of birth (City and State) _____

Father's Name _____

Mother's First and Maiden Name _____

Baptismal Information: A certificate of your baptism is required

Have you ever been baptized? _____ If yes, what faith (Catholic,
Lutheran, Baptist, etc.) _____

Date of Baptism _____

City and State of Baptism _____

Have you ever received First Eucharist in the Catholic Church? _____

If yes, what Church, City and State? _____

Date of First Eucharist _____

Have you ever received Confirmation in the Catholic Church? _____

Marriage Information: Are you currently married? _____

If yes, please complete reverse side of this page.

Have you or your spouse ever been divorced? _____ If yes, please speak to Karen Fishman.