Saint Agnes Church - OCIA (RCIA) Registration Form
Complete this form and attach any certificates you have that apply.   Date: _____

Personal Information

Name: _____

Address: _____

Phone: _____   Email: _____

Date of birth: _____   Place of birth: _____

Baptismal Status

Are you Baptized? **Yes / No**   If Yes, what Religion? _____

If you are not baptized do you practice any Religion? _____

Place of Baptism: _____

Current Marital Status

Are you currently married? **Yes / No**   If Yes, Spouse's Name: _____

Spouse's Religion: _____

Civil Marriage: Place and Date _____

Church Marriage: Name of Church and Date _____

Previous Marital Status

Have you been previously married? **Yes / No**   (If Yes, please provide)

Spouse's Name: _____ Spouse's Religion: _____

Civil Marriage: Place and Date _____

Year Prior Marriage Ended: _____

Church Marriage: Name of Church and Date _____

Spouse's Previous Marital Status

Has your spouse been previously married? **Yes / No**   (If Yes, please provide)

Spouse's Name: _____ Spouse's Religion: _____

Civil Marriage: Place and Date _____

Year Prior Marriage Ended: _____

Church Marriage: Name of Church and Date _____

Other

Reason for attending the RCIA Program: _____

_____