St. Gregory Catholic Church

Rite of Christian Initiation for Adults (RCIA) Registration Form

This information is strictly confidential. (Please print all information.) Last name: _____ First Name: _____ Middle Name: _____ Maiden: ____ Mailing Address:_____ Preferred method of contact: ___ Phone or Email Date of birth:______ Place of birth:_____ Father's full name: _____ Mother's full name (including maiden)______ **Church Background or Affiliations:** Are you presently a member of a church? _____ Do you presently attend church regularly?_____ If yes, where?_____ Have you ever been Baptized? Age: _____ Year or Date of Baptism: If yes, which faith or church were you Baptized into?_____ If you are Catholic, have you received First Communion? _____ When?_____ Where? Were you ever Confirmed? _____ Marital & Family Information: Married: _____ Single: ____ Engaged: ____ Separated: ____ Divorced & Remarried: ____ If married, full name of spouse:______ Is this your first marriage?______Spouse's first marriage?____ Number of children?______ Religious affiliation of children?_____ Where were you married?_____

Type of wedding:	Catholic	other Christian	Civil	other non-Christian religious
If engaged, name of f	iancé:		W 1041	
the Catholic Church, a	ı private confere	fiancé have been previence will be set up with previous marriage situ	a priest or de	d, or was baptized Catholic, but married outside eacon to determine what process may be ne Church.
Do you know anyone			e been an inf	luence in your desire to learn more about
Do you have someone	to accompany	you to Sunday Mass? _		
Would you like someo	ne to attend wi	th you?		
Please list specific que Information that you t	stions, special n hink would help	needs or concerns at thi o our pastoral staff give	s time? Plea you the guid	ise feel free to write down any other lance you need to help your spiritual journey:
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