



RCIA REGISTRATION FORM

Rite of Christian Initiation of Adults

FOR OFFICE USE ONLY	
☐	Inquirer
☐	Catechumen/Unbaptized
☐	Candidate/Baptized
☐	First Communion
☐	Confirmation

Name _____ Today's Date _____

Phone Contact _____ Cell Number _____

Email _____

Mailing Address

Street _____ City _____ State MN Zip _____

Sacrament you are requesting: _____ Baptism _____ First Communion _____ Confirmation

Or: _____ I am curious about the Catholic faith and not seeking any Sacraments at this time.

Are you currently going to Mass on a weekly basis?

_____ No. How often do you typically attend Mass: _____ every Sunday

_____ Yes. Which St. Theodore Mass time do you usually attend?

_____ I attend Mass at another Parish:

and I am seeking my Sacraments at St. Theodore Parish instead of my home parish because:

If requesting Baptism, please complete the following:

Date of Birth _____ Mother's Maiden Name: _____

Place of Birth _____
City _____ State _____

Father's Name _____ Mother's Name _____

*** For Baptism, one Godparent is required. Two are optional. Your Godparent may not be your parents.

Godparent Name(s) _____

Phone Contact _____

Email Contact _____

If Baptized in another Christian faith, please complete the following:

Place of Baptism:

Church _____ City _____ State _____ Date of Baptism _____

A copy of your Baptismal Certificate is required.

If requesting Confirmation, please complete the following:

*** For Confirmation, one Sponsor is required. Two are optional. Your Sponsor may not be your parents.

Sponsor Name(s) _____
Phone Contact _____
Email Contact _____
Confirmation Saint Name _____

A copy of your Baptismal Certificate is required if you have been baptized.

Current Marital Status:

_____ Single, Never Married _____ Married in the Catholic Church
_____ Divorced _____ Married civilly or in another faith
_____ Unmarried, Cohabiting _____ Married, Separated from my spouse

_____ Engaged to be married in the Catholic Church. **Engaged couples are encouraged to attend classes together.

Fiancée's Name: _____
Wedding Date: _____ Wedding Location _____

If Married or Engaged

_____ This is my first marriage _____ This is my spouse's first marriage
_____ I was previously divorced _____ My spouse was previously divorced
_____ I was previously married and my spouse passed away. _____ My spouse was previously married and his/her spouse passed away.

Do You Have Children _____ Yes _____ No

If yes, please list their information:

First & Last Name	_____		M		F
First & Last Name	_____		M		F
First & Last Name	_____		M		F
First & Last Name	_____		M		F
First & Last Name	_____		M		F
First & Last Name	_____		M		F

Are your children baptized? _____ Yes _____ No

If "No", would you like your children to be baptized as Catholics? _____ Yes _____ No

_____ Yes _____ No

Would you like to acquire information about the Faith Formation Program for your children?

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_____ Copy of Baptismal Certificate (if needed) _____ Rite of Initiation Certificate _____ Family registered in Parish

Sacraments Recorded in ParishSoft: _____ Baptism _____ First Communion _____ Confirmation

Sacraments Recorded in Books: _____ Baptism _____ First Communion _____ Confirmation
pge # pge # pge #