



RCIA APPLICATION FORM

(RITE OF CHRISTIAN INITIATION FOR ADULTS)

The Cathedral is pleased to welcome you to explore the richness of the Catholic faith and teachings.

Today's Date: ____/____/____

Name: First: _____ Middle: _____ Last: _____

Maiden Name (if applicable): _____

Date of Birth: ____/____/____ Age: ____

Place of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

Contact Information

Mailing Address: _____

Cell: _____ Occupation: _____

E-Mail: _____

Religious History

Have you ever been baptized? ☐ Yes ☐ No ☐ Not Sure

If 'Yes': In what denomination were you baptized? _____

Date or approximate age when you were baptized: _____

Place of Baptism (name of parish / church): _____

Address (if known): _____

City / State / Country: _____

If you were baptized Catholic, have you received First Communion? ☐ Yes ☐ No

Confirmation? ☐ Yes ☐ No

Current Marital Status

☐ **I am single** (not currently engaged, and never married)

☐ **I am engaged**

Your Fiancé(e)'s Name: _____

Your Fiancé(e)'s Current Religious Affiliation: _____

Will this be your first marriage? ☐ Yes ☐ No

Will this be your fiancé(e)'s first marriage? ☐ Yes ☐ No

☐ **I am married**

Your Spouse's Name: _____

Your Spouse's Current Religious Affiliation: _____

Is this your first marriage? ☐ Yes ☐ No

Is this your spouse's first marriage? ☐ Yes ☐ No

Ceremony: ☐ Catholic ☐ Civil ☐ Other: _____

Date of Marriage: ____/____/____

Place of Marriage (name of parish / church / city): _____

☐ **I am married, but separated from my spouse**

☐ **I am divorced and I have not remarried**

☐ **I am a widow / widower**

Family Information

List the name(s) of any children or other dependents (e.g. 'Daughter - Jane'; 'Stepson - John')

Relationship: _____ Name: _____ Age: _____ ☐ Baptized

Relationship: _____ Name: _____ Age: _____ ☐ Baptized

Relationship: _____ Name: _____ Age: _____ ☐ Baptized

Relationship: _____ Name: _____ Age: _____ ☐ Baptized