

Rite of Christian Initiation of Adults

Full Name _____

Date of Birth _____ Place of Birth _____

Full Address _____ Email _____

City _____ State _____ Zip _____

Home Phone _____ Cell # _____

Father's Full Name _____ Religion _____

Mother's Full Name _____ Religion _____

Mother's Maiden Name _____

Name of Spouse _____ Religion _____

Have you ever been baptized? Yes or No If yes, what faith _____

Please check the following that apply

___ I am not married ___ I have never been married ___ I am married ___ I am engaged

___ I have been married only once ___ I have been married more than once

___ I am separated ___ I am divorced and remarried ___ I am divorced and not remarried

___ I am widowed

Children- Please list the names and ages of your children under 18

Why did you come to this class? (Check all that apply)

___ I am seeking a faith community

___ I am thinking about becoming Catholic but am not sure

___ I am Catholic and would like to complete my Sacraments of Initiation

___ I am a returning Catholic

___ I am a fully initiated Catholic who wants to learn more about my faith