

RITE OF CHRISTIAN INITIATION OF ADULTS

Date: _____

First Name: _____ Last Name: _____ Maiden Name: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Home Phone: _____ Cell: _____

Occupation: _____ Place of Birth: _____ Date of Birth: _____

How did you become interested in the Catholic Church?

Past Church Affiliation: _____

Have you ever been Baptized? _____ If YES, date Baptized (mm/dd/yy): _____

Church of Baptism: _____ City: _____ State _____

Do you have a certificate of Baptism? **YES/ NO**

Father's Full Name: _____ Father's Religion: _____

Mother's Full Name: _____ Maiden Name: _____

Mother's Religion: _____

Please select All that apply to your circumstance:

- | | |
|----------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married in the Catholic Church |
| <input type="checkbox"/> Engaged to be married | <input type="checkbox"/> Married in a church other than a Catholic Church |
| <input type="checkbox"/> Currently married | <input type="checkbox"/> Married in a civil service |
| <input type="checkbox"/> This is my first marriage | <input type="checkbox"/> Widow(er) |
| <input type="checkbox"/> Widowed and remarried | <input type="checkbox"/> Divorced and remarried |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> I have an annulment |
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Spouse Information (If married)

Is your spouse Catholic? **Y/N:**

Spouse's Name: _____ Maiden Name (if applicable): _____

Was your spouse baptized? **Y/N:** If **YES**, in which Religion? _____

Current Church affiliation: _____

Occupation: _____ Has your spouse been married before? **Y/N:**