

ST. GENEVIEVE CATHOLIC CHURCH

RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA) INFORMATION FORM

Name:					
Date of birth:		Mobile Phone:		Home Phone:	
Address:					
City:		State:		ZIP Code:	
Place of birth:		E-mail:			Age:
Father's Full Name:					
Father's Religion:					
Mother's Full Name:					
Mother's Religion:					
Have you been Baptized?		Yes		No	
				If yes, in what Religion?	
Date of Baptism:			Your age when Baptized:		
Name of Church:					
City:		State:		ZIP Code:	
PLEASE CHECK AS MANY AS APPLY TO YOU PERSONALLY					
I am not married			I have never been married		
I am married			I have been married only once		
I plan to be married			I am presently separated		
I am divorced but not remarried			I am divorced and remarried		
I was married by a:		Priest	Deacon	Minister	Rabbi
					Other
City:		State:		ZIP Code:	
Name of Church:					
PLEASE CHECK AS MANY AS APPLY TO YOUR PRESENT, LAST OR FUTURE SPOUSE					
Is not married			Has never been married		
Is married			Has been married only once		
Is divorced			Is presently separated		
Is divorced but not remarried			Has been married more than once		
Was married by a:		Priest	Deacon	Minister	Rabbi
					Other
City:		State:		ZIP Code:	
Name of Church:					
Confirmation Name:			Sponsor's Full Name:		
Please describe briefly how much and what type of religious education you have received:					
Any questions please contact Bill Strecker 985-641-8011. Return form to billstrecker@bellsouth.net					