



ST. AUGUSTINE CATHEDRAL

RITE OF CHRISTIAN INITIATION OF ADULTS

INQUIRER REGISTRATION FORM

Today's Date: _____

First Name: _____ M.I. _____ Last: _____

Maiden Name (if applicable): _____

Date of Birth: _____ Place of Birth (City, State, Country): _____

Father's Full Name: _____

Mother's Full Name: _____ Maiden Name (if applicable): _____

CONTACT INFORMATION

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Include area code): _____ Home Cell Work

2nd Phone (Include area code): _____ Home Cell Work

Best Time to Call: _____ Email: _____

I AM ENROLLING IN RCIA BECAUSE:

Please Check all that Apply – Add Any Other Reasons Not Listed under "Other".

- I Want to Become Catholic
- I Have Never Been Baptized
- I Need First Holy Communion
- I Need Confirmation
- I Want to be Married in the Catholic Church
- I Want to Learn More About the Catholic Faith
- Other: _____

RELIGIOUS HISTORY:

- 1. What, if any, is your present religious affiliation? _____
- 2. Have you ever attended Catholic Mass? YES NO
- 3. If yes, do you attend Mass on a weekly basis? YES NO
- 4. Have you ever been baptized? YES NO
- 5. If yes, what denomination were you baptized? _____

CURRENT MARITAL STATUS:

- 1. Are you currently... Married Single Divorced Engaged In a Relationship
- 2. If married, was it a civil or church marriage? CIVIL CHURCH
- 3. Have you or your spouse/fiancée/fiancé been previously married? YES NO
- 4. If yes, have you or your spouse/fiancée/fiancé applied for a Decree of Nullity? YES NO

GODPARENT/SPONSOR INFORMATION:

Do you know a member of St. Augustine Cathedral or another Catholic Parish who is a practicing Catholic in good standing with the Catholic Church who would be willing to sponsor you? *(Sponsor must have all sacraments of Baptism, Confirmation and 1st Holy Communion completed and if married, must be married in the Catholic Church.)* YES NO

If yes, please provide their following information:

First Name Last Name

Address: _____

City: _____ State: _____ Zip: _____

Phone (Include area code): _____ Home Cell Work

Best Time to Call: _____ Email: _____

Inquirer Signature:

Date: