



# RCIA

## Rite of Christian Initiation for Adults

St Patrick Church  
615 Congress Ave  
Havre De Grace, MD 21078

Date: \_\_\_\_\_

In order that we can better assess the status at which you will enter the Church, would you kindly provide us with the following information to the best of your ability:

1. Your Full Name \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Full Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

3. Father's Full Name \_\_\_\_\_

Religion of Father \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_

Religion of Mother \_\_\_\_\_

4. Have you been baptized \_\_\_\_\_

If yes, Date of Baptism \_\_\_\_\_

Church of Baptism \_\_\_\_\_

Denomination of the Church \_\_\_\_\_

If you were baptized Catholic, have you received Eucharist

(First Communion)? \_\_\_\_\_

5. **Marital Status: (please check)**

Single \_\_\_\_\_

Married \_\_\_\_\_

Re-Married \_\_\_\_\_

Widowed \_\_\_\_\_

Separated \_\_\_\_\_

Divorced \_\_\_\_\_

6. **PRESENT Marital Information: (if married, separated, or re-married)**

Date of Marriage \_\_\_\_\_

Place where marriage ceremony took place \_\_\_\_\_

If a church, the denomination of the church \_\_\_\_\_

Present Spouse's Name \_\_\_\_\_

Was Spouse baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, denomination \_\_\_\_\_

7. **PREVIOUS Marital Information: (if widowed or divorced)**

Previous Marriage Date \_\_\_\_\_

Place where marriage ceremony took place \_\_\_\_\_

If in a church, denomination of the Church \_\_\_\_\_

How was this marriage dissolved? Death of spouse \_\_\_\_\_ or

Other \_\_\_\_\_

Was previous spouse baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, denomination \_\_\_\_\_

Was this the first marriage for your previous spouse? Yes \_\_\_\_\_ No \_\_\_\_\_