

ST. MARK CATHOLIC CHURCH - RCIA (Rite of Christian Initiation Adults)

**INFORMATION SHEET FOR THE GENERAL CATECHUMENATE
AND THOSE SEEKING FULL COMMUNION WITH THE CHURCH**

Registration Form

Name: _____
First Middle Last Maiden Name

Name (Spouse): _____
First Middle Last Maiden Name

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____
City State

Have you ever been Baptized? Yes _____ No _____ if Yes, what Religion: _____

Name of Church _____ City/State _____ Date: _____

***If you have been baptized a copy of your baptismal certificate is required and needed by November.**

Have you received any Sacraments of the Catholic Church? Yes: _____ No: _____

If yes, please give the Church name, city, state and the date the sacrament was received.

1st Eucharist _____

Confirmation _____

Please select one only:

Single: _____ Engaged: _____ Cohabiting: _____ Married: _____ Widowed: _____ Separated: _____ Divorced: _____

Have you been married more than once? Yes: _____ No: _____ If yes, Church: _____ Civil: _____

Has your Spouse been married more than once? Yes: _____ No: _____ If yes, Church: _____ Civil: _____

If either you or your Spouse has been married more than once, have either of you received a Decree of Nullity from the Catholic Church? Yes: _____ No: _____ If yes, Yourself: _____ Spouse: _____

Children:

Are any of your children preparing to receive RCIC - Sacraments of Initiation (Baptism, Holy Eucharist and Confirmation) this year?
Yes: _____ No: _____ If yes please provide names:

Child's Name: _____ Child's Name: _____
First Last First Last

Your Parents Information:

Father's Name: _____
 First Middle Last

Mother's Name: _____
 First Middle Last Maiden Name

Parent's Religion: Father: _____ Mother: _____

Godparent must be practicing Catholic and able to attend classes:

(if you do not have a Godparent a Church Sponsor will be provided):

Name of Godparent: _____
 First Last

Address: _____
 Street City State Zip

Home Phone: _____ Work Phone: _____ Email: _____

Godparent's Parish Information:

Church registered at: _____
 Name of Church

Address: _____
 Street City State Zip

Fee: \$50 per candidate which covers the cost of books and retreats. Fees must be paid by November or arrangements made with the Coordinator. No fee for Godparent/Sponsor.

To pay with credit card go online www.saintmarkcc.org

OFFICE USE ONLY

Total Fee: _____ Paid by check #: _____ Cash: _____ Credit Card: _____

Church Sponsor: _____

Saint Name: _____

