

**St. Malachy Church**  
**Rite of Christian Initiation of Adults (RCIA) Information Form**

**Full Name** \_\_\_\_\_  
*(First) (Middle) (Last) (Maiden if applicable)*

**Home Address** \_\_\_\_\_  
*(Street Address) (City, State, Zip Code)*

**Telephone** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Email Address** \_\_\_\_\_  
*(Home) (Cell) (Work)*

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_  
*(Month) (Day) (Year) (City) (State)*

**Father's Name** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_ (\_\_\_\_\_)  
*(First) (Middle) (Last) (First) (Middle) (Last) (Maiden)*

**Have you been baptized?** \_\_\_\_\_ If yes, please provide the following information:  
*(Yes/No)*  
 Date of baptism \_\_\_\_/\_\_\_\_/\_\_\_\_ Denomination \_\_\_\_\_  
*Month) (Day) (Year)*

Name and location of church \_\_\_\_\_ / \_\_\_\_\_  
*(Name) (Street Address, City, State, Zip Code)*

Have you been raised in the faith in which you were baptized? \_\_\_\_\_

Are there other churches to which you have belonged? \_\_\_\_\_

Do you belong to a church at the present time? \_\_\_\_\_

Name of church \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_  
*(Yes/No)*

**NOTE:** Prior to the calendar year-end, we need you to have provided a copy of your Baptismal Certificate or letter of verification from the church of baptism, parents, or people in attendance.

**Have you been confirmed?** \_\_\_\_\_  
*(Yes/No)*

Date of confirmation \_\_\_\_/\_\_\_\_/\_\_\_\_ Denomination \_\_\_\_\_  
*(Month) (Day) (Year)*

Name and location of church \_\_\_\_\_ / \_\_\_\_\_  
*(Name) (Street Address, City, State, Zip Code)*

**Current Marital Status:** Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
*(Please mark correct status with an "X")*

<b>Please respond to the following questions:</b>	<i>Yes</i>	<i>No</i>
If single or engaged, have you been married previously?		
If engaged, has the person you are marrying been married previously?		
If married, have you been married previously?		
If married, has your spouse been married previously?		
If married to a Catholic, did your marriage take place in a Catholic Church?		
If divorced, has your marriage been annulled? (If yes, please provide date: ____/____/____) <i>(Month) (Day) (Year)</i>		
If presently married, please provide the following information:		
Spouse's Name _____ <i>(First) (Middle) (Last)</i>		
Has your spouse ever been baptized? _____ Spouse's Religion _____ Date of Marriage ____/____/____ <i>(Yes/No) (Denomination) (Month) (Day) (Year)</i>		
Name and location _____ / _____ <i>(Church Name) (Street Address, City, State, Zip Code)</i>		

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**Which statement below best describes why you would like to be part of the RCIA?**

<input type="checkbox"/>	I definitely want to become a Catholic.
<input type="checkbox"/>	I think I might want to become a Catholic.
<input type="checkbox"/>	I am not sure at this time; however, I want to understand what Catholics believe.
<input type="checkbox"/>	I am Catholic, but I have not been confirmed.
<input type="checkbox"/>	I am Catholic and I want to learn more about my faith.

**What prompted you to inquire about the Catholic Faith or how did you hear about St. Malachy Church?**

<input type="checkbox"/>	My spouse is Catholic and is a member of St. Malachy Parish.
<input type="checkbox"/>	A relative, friend or neighbor has spoken to me about this parish community.
<input type="checkbox"/>	I saw public relations information in the community or noticed the new church building.
<input type="checkbox"/>	I have been to St. Malachy Church for worship.
<input type="checkbox"/>	Other: _____

**Do you know any members of St. Malachy Parish?** \_\_\_\_\_ If "yes" what are their names? \_\_\_\_\_  
 (Yes/No)

Do you know someone from St. Malachy Parish who you want to be your sponsor for RCIA? \_\_\_\_\_  
 (Yes/No)

If "yes" what is person's name? \_\_\_\_\_

**Please describe your religious training and education:** \_\_\_\_\_

**Please feel welcome to share any information you feel would be helpful:** \_\_\_\_\_

**Do you have any children?** \_\_\_\_\_ If "yes" please provide the following information for each child:  
 (Yes/No)

Name: _____	Date of Birth: ____/____/____ (Month) (Day) (Year)
If baptized, what denomination? _____	Date of baptism: ____/____/____ Month) (Day) (Year)
Name: _____	Date of Birth: ____/____/____ (Month) (Day) (Year)
If baptized, what denomination? _____	Date of baptism: ____/____/____ Month) (Day) (Year)
Name: _____	Date of Birth: ____/____/____ (Month) (Day) (Year)
If baptized, what denomination? _____	Date of baptism: ____/____/____ Month) (Day) (Year)
Name: _____	Date of Birth: ____/____/____ (Month) (Day) (Year)
If baptized, what denomination? _____	Date of baptism: ____/____/____ Month) (Day) (Year)