RCIA Registration Form

☐ St. Paul's ☐ St. Mary's

Full Name: _____

First *Middle* *Last*

Address: _____ Postal Code:_____

Phone #: _____ Email: _____

Date of Birth: _____ Place (city) of birth: _____

Baptized: ☐ no ☐ yes Denomination: _____

If yes, please provide a copy of your baptismal certificate

Name of Church and city/town: _____

☐ Married ☐ Divorced ☐ Common Law ☐ Widowed ☐ Single

Maiden Name: _____

Sponsor's name: _____ Sponsor's religion: _____

Relationship to sponsor: _____

Sponsor's phone #: _____ Sponsor's email: _____

Reason for taking part in RCIA: