

Annunciation Catholic Church RCIA Registration Form

Personal Information

Name: _____ Home Telephone: _____

Address: _____ Cell: _____

City/Zip: _____ Employment: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Father's Religion: _____

Mother's Name: _____ Mother's Religion: _____

Mother's Maiden Name: _____ Your e-mail: _____

Sacramental Information

What is your current religious affiliation (if any)? _____

Have you been baptized? No _____ Yes _____

If yes, please answer the following questions

In what denomination were you baptized? _____

Place; date and your age of baptism: _____

Do you have a copy of the baptismal certificate? No _____ Yes _____

Note: Current copy of baptismal certificate dated within 6 months is required

If you are preparing to be baptized, do you have Godparents? No _____ Yes _____

*Note: Godparents **MUST** be practicing Catholics, and **CANNOT** be your spouse/parent*

Please provide your Godparents information (if known at this time):

Name: _____ Diocese: _____

Address: _____ Parish: _____

Contact Number: _____

This godparent will be attending Holy Saturday Vigil? No _____ Yes _____

Godparent Continuation:

Name: _____ Diocese: _____

Address: _____ Parish: _____

Contact Number: _____

This godparent will be attending Holy Saturday Vigil? No _____ Yes _____

If you were baptized Catholic, have you received any of the following sacraments?

Sacrament of Reconciliation? No _____ Yes _____

Date: _____ Parish: _____ Diocese: _____

Sacrament of Holy Communion? No _____ Yes _____

Date: _____ Parish: _____ Diocese: _____

Sacrament of Confirmation? No _____ Yes _____

Date: _____ Parish: _____ Diocese: _____

Sacrament of Matrimony? No _____ Yes _____

Date: _____ Parish: _____ Diocese: _____

Do you have copies of certificates for the above sacraments received? No _____ Yes _____

If you are being confirmed, or completing a profession of faith, please provide your sponsors information (if known at this time):

*Note: Sponsors **MUST** be practicing Catholics, and **CANNOT** be your spouse/parent*

Name: _____ Diocese: _____

Address: _____ Parish: _____

Contact Number: _____

This sponsor will be attending Holy Saturday Vigil? No _____ Yes _____

Sponsor Continuation:

Name: _____ Diocese: _____

Address: _____ Parish: _____

Contact Number: _____

This sponsor will be attending Holy Saturday Vigil? No _____ Yes _____

Marital Status:

Are you currently single? No _____ Yes _____

Are you currently separated? No _____ Yes _____

Are you currently planning on being married? No _____ Yes _____

Are you currently married? No _____ Yes _____

Spouse information:

Name: _____ Religious Affiliation: _____

Was the marriage celebrated within the Catholic Church? No _____ Yes _____

If yes, please answer the following:

Diocese _____ Parish _____

Date _____

If not, please answer the following:

Date _____ Place _____

Do you have a copy of the marriage certificate? No _____ Yes _____

Have you ever been divorced? No _____ Yes _____

Has your spouse ever been divorced? No _____ Yes _____

If divorced/previously divorced, have you/spouse met with the pastor? No _____ Yes _____

If divorced/previously divorced; has annulment paperwork been started? No _____ Yes _____

Do you have a copy of the divorce/annulment decree? No _____ Yes _____

*****IF YOU ARE CURRENTLY DIVORCED, OR YOUR SPOUSE HAS BEEN DIVORCED AND NEITHER OF YOU ARE NOT IN CURRENTLY IN THE PROCESS OF AN ANNULMENT; YOU MUST MAKE AN APPOINTMENT WITH Fr. UPAH or DEACON CALABRESE or DEACON STRANGE*****

*****IF YOU ARE CURRENTLY PLANNING ON YOUR MARRIAGE AND HAVE NOT ALREADY BEGUN THE DIOCESE OF RALEIGH MARTIAL PREPARTION PROGRAM; YOU MUST MAKE AN APPOINTMENT WITH Fr. UPAH or DEACON CALABRESE or DEACON STRANGE*****

Family Information:

Do you have children? No _____ Yes _____

What is their religious affiliation? _____

If children are still living with you, are they attending Faith Formation? No _____ Yes _____

Do you have any medical conditions that we should know about? No _____ Yes _____

Do you have any dietary conditions that we should know about? No _____ Yes _____

Please provide an Emergency Contact:

Name: _____ Relationship: _____

Primary contact number: _____ Secondary number: _____

Please briefly describe your relationship with God:

Please briefly describe your understanding of the Catholic Church:

Please list your thoughts/concerns or any pertinent information you would like to share at this time:
