

Preparing for:

*Office use only*

# ST. MATTHEW PARISH RCIA REGISTRATION

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

Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ **Confirmation Name you will choose:** \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address + City/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Father \_\_\_\_\_

**First & Maiden name** of Mother \_\_\_\_\_

What is your religious background? \_\_\_\_\_

Were you **baptized?** \_\_\_\_\_ \* Date & Place \_\_\_\_\_

Name & Address of Church \_\_\_\_\_

\_\_\_\_\_

If Catholic, have you received **1<sup>st</sup> Eucharist?** \_\_\_\_\_ \* Church & Date \_\_\_\_\_

\*Copies of all certificates required

Marital Status: Single? \_\_ Married? \_\_ \* In the Catholic Church? \_\_ In a Different Religion? \_\_ Civil? \_\_

How Many Times? \_\_\_\_\_ Separated? \_\_\_\_\_ Divorced? \_\_\_\_\_ \*

Have you applied for an annulment? \_\_\_\_\_

Name of Church where applied & date \_\_\_\_\_

Has annulment been granted? When? Where? \_\_\_\_\_

Do you have any Children? \_\_

\* Copy of Marriage License Required / If Divorced - Copy of final decree Required

Spouse Name: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

What attracted you to St. Matthew Parish? \_\_\_\_\_

Do you attend Mass on Sunday? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have someone who wishes to be your Godparent or Sponsor or do you want us to select one for you from the Parish? \_\_\_\_\_ **Name of Godparent / Sponsor** \_\_\_\_\_

Do you have any special needs? \_\_\_\_\_