

RCIA PROGRAM FORM

Today's Date _____

Name _____ (_____) _____
(First name) (Middle Name) Maiden Name (Last name)

Home Address _____

City/State/Zip _____

Phone _____
Home Cell Work

Email Address _____

Date of Birth _____ Place of Birth _____
Address _____

Date of Baptism _____ Place of Baptism _____

Religion _____ Address _____

Minister _____ City/State/Zip _____

Your parent's full names:

Father _____
First Middle Last

Mother _____ (_____) _____
First Middle Maiden Last

Are you presently married? ____ Place of Marriage _____
Civil ____ Church ____ Address _____
City/State/Zip _____

Current spouse's full name _____

Your spouse's faith _____

Have you ever been married before? ____ How many times? ____

Has your spouse ever been married before? ____ How many times? ____

Do you have children who need baptism? ____

If yes, Names of children _____

If you are Catholic, Have you received:

First Eucharist ____ Date _____ Place _____

First Reconciliation ____ Date _____ Place _____

Sponsor: _____

(We need a copy of your BAPTISM Certificate as soon as possible.)

Media Release Form

I give permission for pictures and/or video of me engaged in activities related to Star of the Sea Church to be posted in publications or websites. If neither box is checked below, Star of the Sea assumes you give permission

____ Yes ____ No

Signature: _____ Date: _____