

**RCIA APPLICATION FORM**

**Please Print this form, fill in and turn into the church office. Attn: Sr. Colie**

Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Last Middle First Work phone \_\_\_\_\_  
Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Have you been baptized? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, in what denomination? \_\_\_\_\_ More than once? \_\_\_\_\_

When \_\_\_\_\_

Where \_\_\_\_\_