

<i>Rite of Christian Initiation for Adults</i>	Date: _____
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Last Name		Nickname	
First Name		Middle Name	
Address		City/State Zip	
Phone Home		Phone Cell	
Phone Work		Student?	School?
Email Address		Birthdate	
Birthplace City/State			

Baptism Information: Were You Baptized? _____ *(if yes answer the following)*

1. Denomination _____ Location? _____

2. Date of Baptism _____ or Age at Baptism _____ Copy of Certificate _____

3. If Baptized Catholic, have you received . . .? ___ First Eucharist (Communion) ___ Confirmation

- Please check off all that apply:**
- | | |
|---|--|
| <p><input type="checkbox"/> I definitely want to become Catholic.</p> <p><input type="checkbox"/> I think I might want to become Catholic.</p> <p><input type="checkbox"/> I just want to learn more, but don't want to join.</p> <p><input type="checkbox"/> I've been attending the Catholic Church for some time.</p> <p><input type="checkbox"/> I know someone Catholic who has influenced me into coming at this time.</p> <p><input type="checkbox"/> I am married to a Catholic and want to share the same faith.</p> | <p><input type="checkbox"/> I am engaged to a Catholic and want to share the same faith.</p> <p><input type="checkbox"/> I was recently active in another Christian Church.</p> <p><input type="checkbox"/> I haven't been involved in any Church for a long time. I'm searching for a place to belong now.</p> <p><input type="checkbox"/> I was baptized Protestant long ago, but never active in any Church.</p> <p><input type="checkbox"/> Baptized Catholic and Completing Initiation (Confirmation)</p> |
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Briefly describe your religious experience and practice:

What members of the parish do you know?

Are you currently attending Mass? _____ **If yes, how long** _____ **How Often** _____

Are there any specific interests or questions you have at this time about the Catholic Church or Christianity in general?

Signature: _____

**Return this form to RCIA, Faith Formation Dept., Epiphany Cathedral
310 Sarasota Street ■ Venice, FL 34285 ■ (941) 484-3505 ■ FAX 941-488-9333**

Name		Phone	
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Marriage Information

Check All that Apply to You:

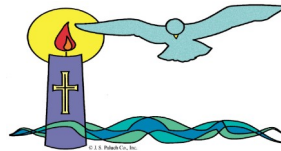
<input type="checkbox"/> Engaged	<input type="checkbox"/> Divorced & Remarried
<input type="checkbox"/> Never Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Married Only Once	<input type="checkbox"/> Divorced, not Remarried

Name of Present Spouse or Fiancé <i>(Include Maiden Name if Applicable)</i>	
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Fiancé <input type="checkbox"/> Never Married Before <input type="checkbox"/> Divorced <input type="checkbox"/> Previous Marriage Annulled	Spouse <input type="checkbox"/> Married Once <input type="checkbox"/> Divorced & Remarried <input type="checkbox"/> Previous Marriage Annulled
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Spouse/Fiancé's Religion?		Is Spouse/Fiancé Baptized?		Spouse/Fiancé active in that religion?	
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Date of this Wedding		Church/Setting	
		City/State	



Excluding Your Present Marriage (or Anticipated Marriage), if YOU have been previously Married

To Whom: <i>(Please include Maiden Name if applicable)</i>	Place of Marriage: (Church Setting, City/State)
#1	
#2	
#3	

Date of Marriage (Month/Day/Year)	Marriage by: (Priest/Minister/Justice of the Peace)	How Marriage Ended: (Death/Divorce/Annulment)	Date Ended: (Month/Day/Year)

Annulment in Process?		Date Started		Annulment Granted		Date Granted	
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If Present Spouse or Fiancé was Previously Married

To Whom: <i>(Please include Maiden Name)</i>	Place of Marriage: (Church Setting, City/State)
#1	
#2	
#3	

Date of Marriage (Month/Day/Year)	Marriage by: (Priest/Minister/ Justice of the Peace)	How Marriage Ended: (Death/Divorce/Annulment)	Date Ended: (Month/Day/Year)

Annulment in Process?		Date Started		Annulment Granted		Date Granted	
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