



Rite of Christian Initiation of Adults (RCIA)

Initial Information Form (Adult)

Please complete this form and return it to the parish
(PLEASE PRINT)

Name of Enquirer:

First Name

Middle Name(s)

Last Name

Maiden Name (if applicable)

☐ Male

☐ Female

Address:

Street

Apartment/Unit #

City

Province

Postal Code

Phone:

Home

Work

Cell

Email:

Date of Birth:

Month

Day

Year

Place of Birth:

City

Province

Country

Father's Name:

First Name

Middle Name(s)

Last Name

Mother's Name:

First Name

Middle Name(s)

Last Name

Maiden Name

Father's Religion:

Mother's Religion:

Have you ever been baptized? ☐ Yes (provide certificate, record, or affidavit)

☐ No

Date of Baptism:

Catholic Rite or Christian Denomination:

(e.g. Roman Catholic, Presbyterian, United Church, etc.)

Place of Baptism:

Name of Church

Street

City

Province

Country

Postal Code

Do you have children you would like to prepare for Christian initiation?

☐ Yes (provide name and age of each child below)

☐ No

Name (age):

1)

3)

2)

4)

Marital Status*

Current marital status:

☐ Single

☐ A widow/widower

☐ Separated* (please complete Marriage History form in the appendix)

☐ Divorced* (please complete Marriage History form in the appendix)

☐ Engaged to be married to: _____
Name of Fiancé/Fiancée

Were you married before? ☐ No ☐ Yes, number of previous marriages*: _____

Has your fiancé/fiancée been married before? ☐ No ☐ Yes, number of previous marriages*: _____

☐ Married to: _____
Name of Spouse

Is your spouse Catholic: ☐ Yes ☐ No Is this marriage civil or religious? ☐ Civil ☐ Religious

Were you married before? ☐ No ☐ Yes, number of previous marriages*: _____

Has your spouse been married before? ☐ No ☐ Yes, number of previous marriages*: _____

☐ In a common-law relationship with: _____
Name of Partner

Were you married before? ☐ No ☐ Yes, number of previous marriages*: _____

Has your partner been married before? ☐ No ☐ Yes, number of previous marriages*: _____

* Using the **Marriage History** form in the appendix, please provide information regarding your current and previous marriages (if any), as well as your spouse's, engaged or or common-law partner's previous marriages (if any).

Important Note: If the person who wishes to become Catholic (or his/her spouse or fiancée/fiancé) was in a previous marriage that has not been declared invalid or dissolved by the Catholic Church, this person **cannot** enter the RCIA process at this time. They also cannot join the RCIA process if he or she is currently cohabitating in a common-law relationship which they do not intend to rectify before the Rite of Enrolment.

Only when the above persons are free to enter marriage in the Catholic Church can they be accepted into the RCIA process and prepare for the sacraments of Christian initiation.

Declaration

I, the undersigned, declare that the information provided on this form and all other forms in the appendix are true and accurate.

Name (PLEASE PRINT): _____

Signature: _____

Date: _____



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Appendix - Marriage History Form

Please complete this form and return it to the parish
(PLEASE PRINT)

Name of Enquirer:

First Name

Middle Name(s)

Last Name

Maiden Name (if applicable)

☐ Male

☐ Female

Current Marriage

Is this your first marriage? ☐ Yes ☐ No

If no, how many times have you been married (including civil and religious ceremonies)? _____

If you have been married more than once, please complete the "Previous Marriage" form for each of your previous marriage(s).

Please complete the following information regarding your current marriage:

Date of marriage: _____

Place of Marriage:

Name of Church or Venue

Street

City

Province

Country

Postal Code

Name of spouse:

First Name

Middle Name(s)

Last Name

Maiden Name (if applicable)

Was your spouse baptized at the time of the marriage? ☐ Yes (provide certificate, record, or affidavit) ☐ No

Date of Baptism: _____ Catholic Rite or Christian Denomination: _____
(e.g. Roman Catholic, Presbyterian, United Church, etc.)

Place of Baptism:

Name of Church

Street

City

Province

Country

Postal Code

Is this your spouse's first marriage? ☐ Yes ☐ No

If no, how many times has your spouse been married (including civil and religious ceremonies)? _____

If your spouse has been married more than once, please complete the "Previous Marriage" form for each of his/her previous marriage(s).

Previous Marriage

Please complete this form to provide information regarding:

- each of your previous marriages
- each of your spouse's, engaged or common-law partner's previous marriages

This is the previous marriage of:

First Name	Middle Name(s)	Last Name	Maiden Name (if applicable)
☐ Male	☐ Female		

Date of marriage: _____ Date of Divorce: _____

Has this marriage been declared invalid or dissolved by the Catholic Church? ☐ Yes (provide certificate) ☐ No

Place of Marriage:

Name of Church or Venue		
Street	City	
Province	Country	Postal Code

Name of former spouse:

First Name	Middle Name(s)	Last Name	Maiden Name (if applicable)
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Was this former spouse baptized at the time of the marriage? ☐ Yes ☐ No

Date of Baptism: _____ Catholic Rite or Christian Denomination: _____
(e.g. Roman Catholic, Presbyterian, United Church, etc.)

Place of Baptism:

Name of Church		
Street	City	
Province	Country	Postal Code

Was this your former spouse's first marriage? ☐ Yes ☐ No

If no, how many times has this spouse been married (including civil and religious ceremonies)? _____

If this spouse has been married more than once, please complete the "Previous Marriage" form for each of his/her previous marriage(s).