

RCIA INFORMATION SHEET -- ST. VINCENT DE PAUL PARISH

NAME _____
 First Middle Last

ADDRESS _____

CITY/STATE/ZIP _____ ZIP _____

PHONE: Home _____ Work _____

SPOUSE'S/FIANCE(E)'S NAME _____

ADDRESS _____ ZIP _____

PHONE: Home _____ Work _____

B. MARITAL STATUS (Please check):

- __ **1. Married** (Date: _____)
 - __ a) By Catholic priest __ b) By Justice of the Peace __ c) By a minister
- __ **2. Separated**
- __ **3. Divorced**
- __ **4. Divorced and remarried**
- __ **5. Never been married**
- __ **6. I am planning on getting married by the church:** Date _____
 Church _____

C. SACRAMENTAL STATUS (Please check):

- __ 1. I have not been baptized
- __ 2. I was baptized in the _____ church in _____ (city/state)
- __ 3. I am a baptized Catholic wishing to receive the following sacraments:
 - __ Confirmation __ Communion

D. FOR OFFICE USE

- 1. Registration fee: \$35.00 for one _____ \$50.00 for two _____
- 2. Name of godparent/sponsor _____
 Address _____ Phone _____
- 3. OFFICE HAS RECEIVED a. _____ Birth/baptism certificate of candidate
 b. _____ Confirmation cert. of sponsor c. _____ Marriage cert. of sponsor