RCIA Candidate Information Form

Name: _____
last first middle

Address: _____
_____

Phone number: _____

Date of birth: _____

City of birth: _____

Father's full name: _____

Mother's full maiden name: _____

Baptism:
City: _____
Church: _____
Date: _____

First Communion:
City: _____
Church: _____
Date: _____

Confirmation:
City: _____
Church: _____
Date: _____

Previous religious affiliation: _____

Marriage: (List each time you have been through a marriage ceremony and provide the following information for each time.)
Spouse's full name: _____
City: _____
Church or place: _____
Date: _____
Officiant: _____