

Please check which category applies to you...

Catechumen
(Not Baptized)

Candidate
(Baptized in
another faith)

Catholic
(Eucharist and
Confirmation)

Catholic
(Confirmation
only)

Catholic
Returning Home

Learning
About the Catholic
Faith as an Adult

Documents Received (to be completed by RCIA Administrator)

Baptismal Certificate

Eucharist Certificate

Marriage Certificate

Annulment Decree



St. John Neumann Church RCIA Participant Form

Date: _____ Sponsor's Name: _____

Personal Information

Full Legal Name: _____
Name as you would like it to appear on Certificate(s)

Maiden Name, if applicable: _____

Name you prefer to be called: _____

Date of Birth: _____ Place of Birth: _____

Street Address: _____

City, State, Zip: _____

Phone #s: (H) _____ (C) _____ (W) _____

Email Address: _____

Employer: _____

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____

Mother's Maiden Name: _____

Have you been baptized? (check one) YES NO Date Baptized: _____

If so, Name of Church & City, State: _____

***** If you have been Baptized, please provide a copy of your Baptismal Certificate *****

Marital Information

Please check one of the following...

Single

Married

Separated

Divorced

Remarried

Widowed

Are you married now? (check one) YES NO

If YES, Date and Location of Marriage: _____

Name of Minister who officiated: _____

If YES, is this your **first/only** marriage? YES NO

If NO, how many times have you been married previously? _____

***** If you are Married, please provide a copy of your Marriage Certificate *****

If you are married now, please provide the following information about your Spouse:

Full Name of Spouse: _____ Religion: _____

Has he/she been married before? YES NO If so, how many times? _____

“Getting to Know You” Questions

What/Who has led you to take an interest in learning about the Catholic faith?

How much religious experience (belief in God, church attendance, religious study groups, etc.) have you had in your life?

What do you hope to learn from these sessions?

Food Allergies / Dietary Restrictions

Please let us know if you have any food allergies or dietary restrictions:

Dairy

Gluten

Nuts

Other: _____