

Holy Cross Catholic Church
Rite of Christian Initiation of Adults (RCIA)

PERSONAL INFORMATION:

Full Name (first, middle, last) _____ Date of Birth _____

Maiden Name (if applicable) _____

Address _____ Apt # _____ City _____ State _____ Zip _____

Home Phone # (_____) _____ Work Phone# (_____) _____

Cell # (_____) _____ Email Address: _____

Preferred Method of Contact: Home Phone Work Phone Cell Phone Email

SACRAMENTAL INFORMATION

BAPTISM

Have you ever been baptized? Yes No

If “Yes,” Name and Address of Church _____

** If you are Catholic and answered “YES,” you will be required to provide a CERTIFIED copy of your Baptismal Certificate. A certified copy of the Baptismal Certificate is obtained by contacting the parish at which you were baptized and requesting that one be sent to you or directly to Holy Cross Church at the address provided at the end of this form.*

If you are NOT currently Catholic but have been baptized (i.e. Lutheran, Presbyterian, etc.) please provide us with a COPY of your Baptismal Certificate. If you do not have a copy one can be obtained by contacting the church at which the Baptism took place and requesting that a copy is sent to you directly or having it mailed directly to Holy Cross Church at the address provided at the end of this form.

** If “NO,” you must provide a certified copy of your Birth Certificate.*

Were you baptized at a Catholic Church? Yes No

If “No,” denomination of the Church where you were baptized _____

Date of Baptism (m/d/y) _____ Name of Minister _____

Father’s Name _____

Mother’s Name _____ Maiden Name _____

Godparents’ Names _____

Have you ever been accepted as a Catechumen or Candidate in the Catholic Church by participating in any RCIA program? Yes No

** Catechumen: An unbaptized person who is preparing for full initiation at the Easter Vigil.*

** Candidate: A baptized Christian who is preparing to become a Catholic.*

If “Yes,” when? (m/d/y) _____ Name of Church/City/State _____

MATRIMONY

1. Are you currently married now? Yes No
- a) If “Yes,” to whom are you married? _____
- b) When were you married? (m/d/y) _____
- c) Is your spouse a baptized Catholic? Yes No
- d) Were you married in the Catholic Church? Yes No
- e) If “Yes,” at what Catholic Church were you married?
(Name of Church/City/State) _____
- f) If “No,” where were you married?
(Place/City/State) _____
- g) Who was the Officiant at your wedding? _____
2. Have **you** ever been married before? Yes No If “Yes,” please provide the following information:
- a) If “Yes,” to whom were you married? _____
- b) When were you married? (m/d/y) _____
- c) Was your spouse a baptized Catholic? Yes No
- d) Were you married in the Catholic Church? Yes No
- e) If “Yes,” at what Catholic Church were you married?
(Name of Church/City/State) _____
- f) If “No” where were you married?
(Place/City/State) _____
- g) Who was the Officiant at your wedding? _____
- h) If marriage ended, how did it end? Death Divorce Annulment
Other (please explain) _____
- * If there were additional marriages, please give information as above on another sheet.*
3. Has your **spouse** ever been married before? Yes No If “Yes” give the following information:
- a) If “Yes,” to whom was he/she married? _____
- b) When was he/she married? (m/d/y) _____
- c) Was he/she a baptized Catholic? Yes No
- d) Was he/she married in the Catholic Church? Yes No
- e) If “Yes,” at what Catholic Church was he/she married?

(Name of Church/City/State)_____

f) If “No,” where was he/she married?

(Place/City/State)_____

g) Who was the Officiant at his/her wedding? _____

h) If marriage ended, how did it end (death, divorce, divorce and annulment)? _____

** If there were additional marriages, please give information as above on another sheet.*

4. If currently **unmarried**, do you have plans to be married? Yes No

a) If “Yes,” to whom? _____

b) Date of this planned wedding (m/d/y) _____

c) Place of this planned wedding: _____ City _____ State _____

d) Are you and your intended future spouse currently living together? Yes No

First Holy Communion

Have you ever received the Sacrament of Holy Communion? Yes No

a) If “Yes,” please provide the name of Church _____

b) Was it at a Catholic Church? Yes No

c) Date of First Holy Communion (m/d/y) _____ Minister _____

d) Did you receive religious instruction prior to receiving Holy Communion? Yes No

Please return completed form to:

Holy Cross Catholic Church
c/o Chris & Gail Russell
2300 Main Street
Batavia, IL 60510

Questions?
630.879.4750 ext. 312