

Rite of Christian Initiation of Adults—Registration Form (rev 9/2017)

Please mail the completed form to: Church of the Most Holy Trinity
P.O. Box 2446
Augusta, Georgia 30903-2446

Personal Information:

Full Name (Include Maiden if applicable):

Street Address: _____

City/State/Zip: _____

Phones: Work: _____ Home: _____ Cell: _____

Email: _____

Birth Date: _____

City/State: _____

Father's name: _____

Mother's full maiden name: _____

Are you a Catholic? Yes No

If YES what Parish _____

If NO, How did you develop an interest in the Catholic Church? _____

Baptismal Information: Are you baptized? Yes No (if NO skip to Martial status)

Date of baptism: _____

Denomination: _____

Church of baptism: _____

Place of baptism: City/State: _____

If you are Catholic please check all CATHOLIC Sacraments received:

Baptism/date/location: _____

Penance/ date/location: _____

Eucharist/ date/location: _____

Confirmation/ date/location: _____

Marital Status (please fill everyone that applies to you):

_____ Single, never married

_____ Widow/widower

_____ Divorced, not remarried

_____ Married: (Please mark all that apply)

_____ No previous marriage

_____ Previously married, spouse deceased

_____ Previously married, spouse still living

Spouse's name (include maiden name): _____

Religion _____

_____ No previous marriage

_____ Previously married, spouse deceased

_____ Previously married, spouse still living

_____ Current spouse not previously married

_____ Current spouse's previous partner is deceased

_____ Current spouse's previous partner is still living

If you have children, would you like them to receive Catholic instruction? If so, please answer:

Name: _____ Age: _____ Baptized: _____ Religion: _____

_____ Y ___ N _____

_____ Y ___ N _____

Will you need child care during the RCIA sessions: Yes: ___ No: ___

List any other issues you would like us to know: