

St. Michael/St. Albert Catholic Churches
Rite of Christian Initiation for Adults (RCIA) Registration Form

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

Phone Number: (____) _____ **Date of Birth:** _____

Email: _____

What is your religion (if any)? _____

Have you been baptized? ____No ____Yes (in what religion? _____)

Marital status: ____Single ____Engaged ____Married ____Divorced ____Widow(er)

If you are married, were you married by a Catholic priest or deacon? ____Yes ____No

Why are you interested in the Catholic Church?

What would like to know about the Catholic Church?
