

Holy Family RCIA Registration Form

Name: _____

Address: _____

City: _____ Zip _____

Telephone: _____

Email Address: _____

Date of Birth: _____

City and State of Birth: _____

Previously Baptized? Yes _____ No _____

If Yes, When: _____

Where: _____

Are You, Single _____ Married _____ Divorced _____ Planning to Re-Marry _____

Previously Married? Yes _____ No _____

If Yes, When: _____

Where: _____

Planning to Marry? Yes _____ No _____

When: _____

Where: _____

Holy Family
RCIA/Sacramental Records Form

Full Name Including Middle Name: _____

Address: _____

City: _____ Zip _____

Telephone: _____

Email Address: _____

Date of Birth: _____

City and State of Birth: _____

Father's Name: _____

Mother's Name and Maiden Name: _____

Confirmation Name: _____

Godparent's/Sponsor's Name: _____

Previously Baptized? Yes _____ No _____

If Yes, When: _____

Where: _____

If previously baptized, please include a copy of your baptismal certificate.