

# Candidate/Catechumen Information Form

**FOR OFFICE USE ONLY**

Catechumen/Un-baptized

Candidate/Baptized

Baptismal Certificate

First Communion

Met with Priest/Deacon

Sponsor \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle/Maiden) (Last)

Preferred Name for Name Tag \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address)

Phone (cell) \_\_\_\_\_

Address \_\_\_\_\_  
(City) (State) (Zip Code)

Phone (home) \_\_\_\_\_

Email \_\_\_\_\_ Gender: *(please circle)* Male Female

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
(Month) / (Day) / (Year)

## Family History

Father's Name \_\_\_\_\_ Living Deceased  
(First) (Middle) (Last)

Father's Religious affiliation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living Deceased  
(First) (Middle/Maiden) (Last)

Mother's Religious affiliation \_\_\_\_\_

What is your current religious affiliation? \_\_\_\_\_

If you are / were Catholic please check which Sacraments you have received?

Reconciliation

Eucharist

Have you been baptized? Yes No Not Sure *(If yes please **Provide a Copy of Your Baptismal Certificate** and answer the following)*

Date of your baptism \_\_\_\_\_ Religious Affiliation of Baptism \_\_\_\_\_

Location of your baptism \_\_\_\_\_  
(Name of Church)(City) (State) (Country)

Preferred Attendance Day: Sunday (9:00 AM – 10:30) \_\_\_ Monday (7:00 PM – 8:30 PM) \_\_\_ Either \_\_\_

Child Care is available during these times for our RCIA Candidates, Catechumens and Sponsors. Do you have any children that will need child care? Yes / No If "yes" what are their ages? \_\_\_\_\_

**MARITAL INFORMATION:**

NOTE: The Church considers marriage a sacred covenant between a man, a woman, and God, that is not simply ended by civil divorce. As such the Church must formally review the circumstances of any previous unions to determine if the person(s) involved has the freedom to enter into Sacramental marriage in the Church. If you or your spouse were previously married or married and divorced outside the Church, a meeting with a Deacon or Priest is needed to determine the steps necessary to address these relationships.

**Current Marital Status: (please check all that apply for you)**

<input type="radio"/> Single and never married before	<input type="radio"/> Currently married
<input type="radio"/> Cohabiting without legal or religious marriage	<input type="radio"/> I have been divorced
<input type="radio"/> Engaged to be married	<input type="radio"/> My spouse/fiancé has been divorced

**If you are currently engaged or married please answer the following:**

What is your current spouse or fiancé's name \_\_\_\_\_  
(First) (Middle) (Last)

What is your current spouse or fiancé's religious affiliation/ denomination \_\_\_\_\_

**If you are married please complete the following:**

Date of your current marriage \_\_\_\_\_ Location \_\_\_\_\_  
(City) (State) (Country)

Type of ceremony (check next to your answer)

- Church Wedding (name of the church) \_\_\_\_\_
- Civil Ceremony
- Other \_\_\_\_\_

Officiating authority of your marriage (check next to your answer)

- Catholic Priest / Deacon
- Christian Minister
- Non-Christian Minister
- Civil
- Other \_\_\_\_\_

Date Form Completed \_\_\_\_\_  
(Candidate/Catechumen)

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_  
(RCIA Team Member)

Assigned Priest/Deacon \_\_\_\_\_  
(If potential issues need to be discussed)

Appointment Completed \_\_\_\_\_  
(Completed by) (Date Completed)