

Verified Parish ID#: _____



RCIA/ASF Registration Form
San Jose Catholic Church

Personal Information

Name: _____		Maiden Name: _____	
Address: _____			
City: _____		State: _____	Zip: _____
<input type="checkbox"/> Cell #: _____	<input type="checkbox"/> Home #: _____	<input type="checkbox"/> Office #: _____	
<input type="checkbox"/> Email Address: _____			
<input type="checkbox"/> Please check your preferred method of contact			
Date of Birth: _____		City of Birth: _____	State of Birth: _____

Parish Registration

Are you a registered member of San Jose Catholic Church? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
If YES , what is your Parish ID #: _____	
If NO , are you currently attending another parish? <input type="checkbox"/> Yes <input type="checkbox"/> No Parish Name _____	
If NO , please complete a parish registration form	

Which best describes your reason for being here?

<input type="checkbox"/> I want to become Catholic – I need Baptism (Profession of faith,) First Communion & Confirmation We will need a copy of your Birth Certificate
<input type="checkbox"/> I am Catholic but need Eucharist and Confirmation - <input type="checkbox"/> I am Catholic but need Confirmation only We will need a copy of your Baptismal Certificate with Annotations (New or within the last 6 months)
<input type="checkbox"/> I am Catholic and have all my Sacraments and I am interested in learning more about my faith
<input type="checkbox"/> I am a Christian, and I want to know more about the Roman Catholic faith

Baptismal Information

Have you been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Denomination? <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other Denomination: _____	
Church Name: _____	Location: _____

First Communion Information

Have you received your First Communion? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Denomination? <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other Denomination	
Church Name: _____	Location: _____

Please describe briefly why you have decided to pursue inquiry into the Catholic Faith?

PLEASE BE ASSURED THIS INFORMATION WILL REMAIN CONFIDENTIAL

Marital Status:

<input type="checkbox"/> Single and I am not living with someone	<input type="checkbox"/> Single and I am living with someone*
<input type="checkbox"/> Engaged/ Not living together	<input type="checkbox"/> Engaged/ Living Together *
<input type="checkbox"/> Married/ Catholic Church	<input type="checkbox"/> Married/ Civilly *
<input type="checkbox"/> Divorced/ Not remarried & I am not living with someone	<input type="checkbox"/> Married/ Separated Widowed/ Not remarried & I am living with someone *
<input type="checkbox"/> Divorced/ Not remarried & I am living with someone*	<input type="checkbox"/> Divorced/ remarried/Civilly *
<input type="checkbox"/> Divorced/remarried/Catholic Church	<input type="checkbox"/> Widowed/ remarried/Civilly *
<input type="checkbox"/> Widowed/ Not remarried & I am not living with someone	<input type="checkbox"/> Widowed/ remarried/Civilly *
<input type="checkbox"/> Widowed/ remarried/Catholic Church	* Please talk with the Coordinator

If you have never been married and are not now engaged, you may stop here!

If you are engaged, please complete this section:

Name of Fiancée: _____
Religion of Fiancée: _____
Will this be your first marriage? _____
Do you plan to be married in the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , name of Priest you have consulted: _____

If you are now married, please complete this section:

Name of Spouse: _____
Religion of Spouse: _____
Where you married before a Catholic Priest: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have either you or your spouse been previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to the above questions, please complete the next session

If you are now engaged/married and you or your spouse have been divorced, please complete this section:

I have been married _____ time(s) previous to this marriage
My spouse has been married _____ time(s) previous to this marriage
Have you applied for an annulment from the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to the above question, was an annulment granted <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your spouse applied for an annulment from the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to the above question, was an annulment granted? <input type="checkbox"/> Yes <input type="checkbox"/> No

Office Use Only:

RCIA ASF

Receipt No. _____ Amount: _____ Date: _____ Received By: _____

Birth Certificate Received: _____ Received by: _____

Baptismal Certificate Received: _____ Received by: _____

Catechism Received: _____ Bible Received: _____ Interview: _____