9s Mary & Joseph Catholic Cathedral Armidale N9W 2350

R.C.I.A REGISTRATION FORM

(For Church records) First Middle Mailing Address: _____ State Zip Code Email Address: ______@ Place of employment: Home phone: _____ Work phone and/or cell: _____ Date of Birth: _____ Place of Birth: ____ Father's Full Name: _____ Mother's Maiden Name: ____ Have you ever been baptized before? ☐ No ☐ Yes If 'Yes', give name and denomination of Church: _____ Address of Church: Date of Baptism: _____(Please provide a copy of your Baptismal certificate) Name of Godparents or sponsors: What other sacraments have you received? Date of reception: Name of the Church where you received these sacraments: (For Office Use Only) Name of sponsor:

MARITAL STATUS

 □ Never married (If you checked this response, skip t □ Presently engaged (for the first time) 	he rest of the section	on on marriage.)
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 □ Married only once □ Divorced and not remarried Are you presently involved in the annulment process? If divorced and remarried, do you have an annulment? 		married □ No
If Married:		
Where you married in a Catholic Church?	□ No	□ Yes
Name and location of the Parish:		
Date of the marriage:		□ No
Date: Name and denomination of Church Were you married in a civil ceremony?	n: □ Yes	□ No
When: Where:		
If married, give your spouse's name:		
Is your spouse a Catholic?	□ No	
Has your spouse ever been baptized?	□ No	□ Yes
Name and location of the Church:	□ No	Date:
FOR THOSE WHO ARE ENGAGED	2 110	L 163
If engaged, give your fiance/ee's full name:		
Does your fiance/ee have a previous marriage? If 'Yes', has this marriage been annulled?		□ Yes
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Which one of these statements best describes why yo	u are interested in t	he RCIA program:
 ☐ I want to know more about the Catholic Church. ☐ I think I want to become a Catholic. 		

Please return form to the Parish Office at Bishop's House with other documents. Please feel free to make contact with any enquiries: office@smjcathedral.org.au