

Corpus Christi Cathedral
RCIA Candidates Registration and Information
PLEASE PRINT CLEARLY

Name: _____ Date of Birth _____

Address: _____ Zip: _____

Day phone: _____ Night phone: _____ Cell: _____

Email Address: _____

I am enrolling in RCIA because: (please check all that apply – add any reasons not listed under other).

- | |
|---|
| <input type="checkbox"/> I want to become Catholic.
<input type="checkbox"/> I have never been Baptized
<input type="checkbox"/> I need First Holy Communion
<input type="checkbox"/> I need to be Confirmed |
|---|

- | |
|---|
| <input type="checkbox"/> I want to be married in the Church.
<input type="checkbox"/> I want to learn more about the Catholic Faith
<input type="checkbox"/> Other: _____ |
|---|

Requirements:

- Attend RCIA classes **every Wednesday** evening from 7:00 p.m. until 8:30 p.m. from now through May of next year? YES NO.
- Attend Mass at Corpus Christi Cathedral EVERY weekend? YES NO
- Be a registered member of Corpus Christi Cathedral? YES NO
- Are you willing to complete the **required weekly homework assignments** and **required service projects**? YES NO
- Have you been baptized? YES NO. - As a Catholic? YES NO
- If NO, in what faith? _____
- If YES, Parish Name _____ City _____ State _____ Date _____

Marital Information

- Are you currently married? YES NO
- If YES – Was your current marriage performed in the Catholic Church? YES NO
- Have you had a previous marriage? YES NO Was that marriage in the Church? YES NO
- Spouse's name: _____. Is he/she a baptized Catholic? YES NO
- If no, has he/she been baptized in another faith? YES NO. What faith? _____
- Has your spouse or fiancée been married before? YES NO
- Have you or your spouse/fiancée/fiancé applied for a Decree of Nullity? YES NO

Please list children living with you: (use reverse of this form if needed)

Name	Age	Baptized Yes or No	If yes – year & church

Potential Sponsor Information

Do you know a registered member of Corpus Christi Cathedral Parish who is a practicing Catholic in good standing with the Church who would be willing to sponsor you? YES NO.

If yes what is their name? _____. Address: _____

Day phone _____ Night phone _____ Email: _____

Registrant signature: _____ **Date:** _____