

Becoming Catholic

R.C.I.A. Rite of Christian Initiation of Adults

Our Lady of Mount Carmel Church

Initial Interview

Today's Date: _____

PHONE: HOME: _____

CELL: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

Language Preference:

E-MAIL ADDRESS: _____

ENGLISH SPANISH

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S NAME: _____

RELIGION: _____

MOTHER MAIDEN NAME: _____ RELIGION: _____

PLEASE CHECK ALL THAT APPLY: SINGLE MARRIED

WIDOWED SEPARATED DIVORCED REMARRIED

Baptism: NO YES Place: _____ Date: _____

Eucharist: NO YES Place: _____ Date: _____

IF YOU HAVE BEEN BAPTIZED AND RECEIVED FIRST EUCHARIST, PLEASE PROVIDE CERTIFICATES

SPONSOR INFO

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____