

St. Simon the Apostle
RCIA Information Sheet

Full Name

First (formal) _____ (middle) _____ (maiden) _____ (last) _____

Complete address _____

City, State, Zip Code _____

Phone number (home) _____ (cell) _____ (work) _____

E-mail _____

Birth date _____ Birth City/State _____

Baptismal date _____ Church _____ City/State _____

Never been baptized _____

Mother's Name _____ Maiden _____

Father's Name _____

Mother's Religion _____ Father's Religion _____

Are you: Single _____ Married _____ Divorced _____ Number of marriages _____

Spouse's Name _____ Number of marriages _____

Have previous marriages been annulled by the Catholic Church? _____

Spouse's Religion _____

Marriage date _____ Church _____ City/State _____

Children _____ Baptized _____

For Office Use Only:

Confirmation Name: _____

Sponsor: _____