Becoming Catholic..... R.C.I.A.

Rite of Christian Initiation of Adults

INITIAL INTERVIEW

Today's Date:	PHONE: HOME:	
	CELL:	
NAME:	_	
ADDRESS:		
CITY, STATE, ZIP		
E-Mail Address:		
	PLACE OF BIRTH:	
FATHER'S NAME:	RELIGION:	
MOTHER'S MAIDEN NAME	: REI	_IGION:
PLEASE CHECK ALL THAT	APPLY: SINGLE MARRIED	
	SEPARATED DIVORCED REN	
	======================================	
Eucharist: NO YES I	Place:	Date:
IF YOU HAVE BEEN BAPTI	ZED AND RECEIVED FIRST EUCHARIST, PLEASE PRO	OVIDE CERTIFICATES
SPONSOR INFO N	ame:	
A	ddress:	
С	ity/State/Zip:	
E	mail Address:	