

**MATER MISERICORDIÆ R.C.I.A.**  
(Rite of Christian Initiation of Adults)  
**REGISTRATION FORM**  
PLEASE FILL OUT COMPLETELY

Today's Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Maiden Name (if female/applicable): \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Street	City	State	Zip
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**Sacraments you are Requesting:**    Baptism    First Communion    Confirmation    Convalidation

*Or:    I am curious about the Catholic faith and not seeking any Sacraments at this time.*

**This may prohibit your entrance into the Church. Please select your current marital status below or explain thoroughly:**

Single, Never Married  
Divorced  
Divorced and remarried  
Unmarried, Cohabiting  
Other please explain: \_\_\_\_\_

Married in the Catholic Church  
Married civilly or in another faith  
Married, Separated from my spouse  
Engaged to be married in the Catholic Church.\*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please note that engaged couples are expected to attend classes together. If engaged please provide the following:**

Fiancée's Name: \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Church: \_\_\_\_\_

**If Married or Engaged:**

This is my first marriage  
I was previously divorced.  
I was previously married,  
and my spouse passed away.

This is my spouse's first marriage.  
My spouse was previously divorced.  
My spouse was previously married,  
his/her spouse passed away

