



Saint Rita's Catholic Church
Office of Religious Education

954 S. O Street, Tulare, CA 93274
Phone 559 686-0802 Fax 559 686-9672
sisterbenita@stritacatholicchurch.com
www.stritacatholicchurch.com

RCIA/Adult Formation Registration Form 2020

Program: **RCIA** **Adult Formation**

Date: _____

Name: _____
(first) (middle) (last)

Maiden Name(if married): _____

Date of Birth: / / Age: City of Birth: State of Birth:

Current Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ Phone (cell): _____ E-mail: _____

Father's Name: _____ Mother's Maiden Name: _____

BAPTISM INFORMATION (If applicable)

Date of Baptism: _____

Church of Baptism: _____ Religious Denomination: _____

Church Address: _____ City: _____ State: _____ Zip: _____

ATTACH CURRENT COPY OF BAPTISM CERTIFICATE (obtained within last 6 months)

FIRST COMMUNION (If Catholic)

Church Name: _____ Date: _____

RECONCILIATION (PENANCE)

Church Name: _____ Date: _____

CONFIRMATION

Church Name: _____ Date: _____



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Please check any of the following which apply to you:

- I am single and have never been married.
- I am a widow/widower
- I am divorced and not re-married.
- I living together but not married

I am currently married: In the Catholic Church
 In a church of another denomination
 Only civilly married

My spouse's name is: _____

My spouse's religion is: _____

This is not **my** first marriage.

- I was previously married in the Catholic Church.
- I was not previously married in the Catholic Church.
- I am divorced and re-married (my previous marriage was annulled)
- I am divorced and re-married (my previous marriage was not annulled)

This is not my spouse's first marriage

- He / She was previously married in the Catholic Church.
- He / She was not previously married in the Catholic Church.
- He / She divorced and re-married (previous marriage was annulled)
- He / She divorced and re-married (previous marriage was not annulled)

Names and ages of children under 18 years old:

Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____

Are your children Baptist? If so, what religion? _____

What religion are you currently following? _____

What attracts you to catholic faith _____

What is your general impression of the catholic church? _____

What have been your experiences with God and the church up to now? _____



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OFFICE USE ONLY:

\$85.00 Fee

Yes

No

Baptismal Certificate

Yes

No

Student will prepare for:

Baptism

Holy Communion

Confirmation

Will have marriage blessed?

Yes

No

Date: