

St. Peter's Catholic Church

stpetersspringerville@dioceseofgallup.org

www.stpeterchurchaz.com

RCIA Program
Application

Name: _____
 First Middle Last

Address: _____

 City State Zip

Phone Numbers: _____
 Home Cell Secondary

Email: _____

Father's Name _____
 First Middle Last

Mother's Maiden Name: _____
 First Middle Last

Your Place of Birth: _____
 City State Zip

SACRAMENTAL INFORMATION

Have you been baptized? _____ YES _____ NO

If yes, what religion: _____

*****IF YES, PLEASE ATTACH A COPY OF YOUR BAPTISMAL CERTIFICATE TO THIS FORM*****

If you were baptized Catholic, have you received either of the following Sacraments?

Confirmation: _____ YES _____ NO First Holy Communion/Eucharist: _____ YES _____ NO

Marital Status

PLEASE CHECK ALL THAT APPLY. If you are currently married, all previous marriages must be formally annulled by the Catholic Church in order to receive any Sacraments.

_____ I have never been married.

_____ I am married in the Catholic Church by a priest or a deacon.

_____ I have never been married, but I am living in relationship with a significant other.

_____ I am married, but not in the Catholic Church.

_____ I have been married more than once. I have a prior marriage.

_____ My spouse has been married more than once. My spouse has a prior marriage.

_____ Other. Please describe: _____

If you are married, what religion is your spouse? _____

Name of Church

Address City State Zip

I verify, with my signature, that all I have answered is correct and true.

Your Signature Date

OFFICE USE ONLY

Date of Interview: ____/____/____

Interview by: _____

Status (Check one)

_____ Catechumen _____ Candidate for Full Reception into The Church

_____ Candidate for Confirmation and First Communion _____ Candidate for Confirmation only

_____ Candidate for First Communion only

Name of Sponsor Assigned _____

_____ Referred to a priest? _____ Yes _____ No