



**ST. BERNARD DE CLAIRVAUX
R.C.I.A. Registration Form
ADULT FAITH FORMATION and
SACRAMENTAL PREP**

Please complete all information and return form to
Fr. Donatello Iocco



PERSONAL INFORMATION

Last Name _____ First _____

Middle _____ Maiden _____

Address _____ City _____ Postal Code _____

Home Phone # _____ Cell # _____ Email: _____

Date of Birth _____ Place of Birth - City / Prov / Country _____
dd/mm/yyyy

Father's Name (First) _____ (Last) _____

Father's Religion _____

Mother's Name (First) _____ (MAIDEN) _____

Mother's Religion _____

RELIGIOUS INFORMATION

Your Religion Today _____ Church you are attending today _____

Have you been baptized in any Church? _____ Date of Baptism _____

Denomination of Church of Baptism _____

Name of Church of Baptism _____ City / Prov / Country _____

****An updated copy of your Baptismal Certificate is required**
(Registration Form will not be accepted without certificate)**

**INDICATE WHICH SACRAMENTS YOU HAVE ALREADY RECEIVED
(MUST PROVIDE CERTIFICATES)**

NONE BAPTISM CONFIRMATION 1ST RECONCILIATION FIRST COMMUNION

MARITAL STATUS

SINGLE MARRIED COMMON-LAW DIVORCED WIDOW/ER

Married in civil ceremony only (where/when): _____

Married in church ceremony (please specify Church & Denomination): _____

Spouse's Religion/Denomination: _____

Please answer the following questions which will help us to ensure that our RCIA program is suited for your religious needs

1. What has led you to know more about the Catholic Faith?

2. Please describe the types of religious education you have received, as a child and as an adult.

3. What contact have you had with the Catholic Church to date?

4. What are some of the questions or concern you have about the Catholic Church?

FOR OFFICE USE ONLY

CATECHUMEN _____

CANDIDATE _____

BAPTISM CERTIFICATE _____

SPONSOR NAME _____

WILL RECEIVE THE FOLLOWING SACRAMENTS

ALL

BAPTISM

RECONCILIATION

1st COMMUNION

CONFIRMATION

PASTORS NOTES
