



# ST. ELIZABETH ANN SETON CATHOLIC CHURCH

1401 Coral Ridge Drive • Coral Springs, Florida 33071-5420  
Telephone 954-753-3330 • Fax 954-753-8442 • setonadultre@gmail.com

Rev. Edward M. Kelly, Pastor  
Rev. Attila Frohlich, Associate Pastor

## **RCIA – RITE OF CHRISTIAN INITIATION FOR ADULTS**

### **PERSONAL INFORMATION**

Date: \_\_\_\_\_

\_\_\_\_\_ Registered at St Elizabeth Ann Seton Catholic Church

Parish ID #: \_\_\_\_\_

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

How did you hear about RCIA?  Mass  Bulletin  Other \_\_\_\_\_

Were you raised in a particular faith practice? \_\_\_\_\_

Reason for registering for RCIA (Please check all that apply):

- I wish to become Catholic.
- I wish to become a Sponsor.
- I am Catholic, but need to receive First Communion/Confirmation.
- Faith Enrichment.
- Other (please explain) \_\_\_\_\_

### **SACRAMENTS**

Religion of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

**(Baptismal Certificate/Affidavit required)**

Name of Church: \_\_\_\_\_ City & State: \_\_\_\_\_

If Baptized Catholic, other Sacraments already received are:

- Eucharist     Reconciliation     Confirmation     Matrimony

Was your Marriage celebrated by a Catholic Priest/Deacon?  Yes     No

“With God All Things Are Possible.” Mark 10:27

**MARITAL STATUS:**

(Check the appropriate statement below and provide any information requested beneath the statement.)

I am single and I have never been married.

I am engaged to be married.

This will be my first marriage

I have been married before

Fiancé Name: \_\_\_\_\_ Religion: \_\_\_\_\_

This will be my fiancé’s first marriage

My fiancé has been married before

I am married.

This is my first marriage

I have been married before

Spouse’s Name: \_\_\_\_\_ Religion: \_\_\_\_\_

This is my spouse’s first marriage

My spouse has been married before

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

I am married but separated from my spouse.

I am divorced and have not remarried

I am a widow/widower

**CHILDREN:**

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Need Sacraments (s) \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Need Sacraments (s) \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Need Sacraments (s) \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Need Sacraments (s) \_\_\_\_\_

**PREVIOUS MARITAL HISTORY (Self)**

Name of Previous Spouse: \_\_\_\_\_ Religion: \_\_\_\_\_

Baptized?  Yes  No Religious/Civil Marriage Ceremony? \_\_\_\_\_

Civil divorce obtained? \_\_\_\_\_

**PREVIOUS MARITAL HISTORY (Present Spouse)**

Name of Previous Spouse: \_\_\_\_\_ Religion: \_\_\_\_\_

Baptized?  Yes  No Religious/Civil Marriage Ceremony? \_\_\_\_\_

Civil divorce obtained? \_\_\_\_\_