

**R C I A**  
*(Rite of Christian Initiation of Adults)*  
**Registration Form**

When complete, mail this form to Immaculate Conception Church 204 North Church St. Dublin, GA 31021

*Please answer ALL questions with an asterisk (\*)*

\*Full Name:

\*Address:

\*Phone Numbers: Home:

Work:

Email Address:

Date of Birth: (mm/dd/yyyy)

City/State of Birth:

Father's Name:

Mother's Name:

\*Baptismal Information: Are you baptized? Yes No

If you are baptized, please answer all the following questions completely. (PLEASE PROVIDE DOCUMENTATION)

1. Date of Baptism: (mm/dd/yyyy)

2. Denomination:

3. Church of Baptism:

4. Place of Baptism (City/State):

\*If you were baptized CATHOLIC, have you received the sacraments of:

Penance: Yes No Eucharist: Yes No Confirmation: Yes No

Children living at home:

Name	Age	Baptized	Religion
		Yes No	
		Yes No	
		Yes No	

Have **YOU** been previously married? Yes No

If yes, When? Where?

Has your **CURRENT SPOUSE** been previously married? Yes No

If yes, When? Where?

How did you become interested in the Catholic Church?