

**OUR LADY OF FATIMA SHRINE (RCIA)
RITE OF CHRISTIAN INITIATION OF ADULTS**



Personal Information Record

NAME: _____

ADDRESS: _____

CITY/TOWN _____ **POSTAL CODE:** _____

Email address: _____

TELEPHONE: Home _____ **Work/Cell** _____

BIRTH-DATE: _____

Day _____ **Month** _____ **Year** _____

PLACE OF BIRTH: _____

FATHER'S NAME: _____

Surname _____ **First** _____ **Religion** _____

MOTHER'S NAME: _____

Maiden Name _____ **First** _____ **Religion** _____

HAVE YOU BEEN BAPTIZED? _____

Name of Church/Religion/Denomination _____

ARE YOU: Single / Married / Separated / Divorced / Widowed?

[*Date of Marriage/Divorce: _____ *It was a Civil/Religious wedding]

Spouse's Name: _____

Surname _____ **First** _____

*The applicant is kindly asked to produce a copy of his/her Baptism certificate if baptized.
If applicant is married or divorced we require also a copy of his/her marriage/divorce declaration certificate.
Thanks.*

DATE: _____

For office use only:

NAME OF SPONSOR: _____

