St. Francis

Adult Sacrament Information RCIA

Information is held in confidence and is not shared without permission.

Today's Date: _____

Attach the applicable Certificates

☐ Birth Certificate

☐ Certificate of Baptism

(for those baptized in another faith)

Due to the Covid-19 we are starting all classes online via Zoom.

If you feel this option would apply to you for the whole year, please circle:

Yes or **No**

No Registration Fee

PERSONAL INFORMATION

NAME: _____
First Name Middle Name Last Name Maiden Name

DATE OF BIRTH : _____ PLACE OF BIRTH: _____
City/State/Province/Country

FATHER'S NAME: _____
First Name Middle Name Last Name Religión

MOTHER'S NAME: _____
First Name Middle Name Maiden Name Religión

CONTACT INFORMATION

Mailing Address: _____

_____
City **State** **Zip Code**

Home Telephone: _____ **Work Telephone:** _____ **Celular:** _____

E-mail: _____ **Provider:** _____

RELIGIOUS HISTORY

Have you been Baptized? ☐ **Yes** ☐ **No** ☐ **I'm not sure.**

If you have been baptized, please answer the following questions completely.

Date of Baptism: _____ **Denomination:** _____ **Church of Baptism:** _____

Church Address: _____
Street **City** **State** **Zip Code**

Please check the Sacraments you have already received:

Are you attending Mass at St Francis Parish? ☐ **Yes** ☐ **No** **Are you registered at St Francis ?** ☐ **Yes** ☐ **No**

Do you have someone to be your Sponsor ? ☐ **Yes** ☐ **No** **Name of you Sponsor:** _____

CURRENT MARITAL STATUS

Note: If you, your fiance, or your spouse has or have *ANY PRIOR MARRIAGE* in *ANY TYPE OF CEREMONY,* whether civil or in a church, please be sure to check the appropriate boxes below.

☐ **I am single and have never been married.** ☐ **I am engaged to be married**

Your fiances name: _____ Your Fiances Religion: _____

Your marital information:

☐ **I am currently married, but separated from my spouse.** ☐ **I am Divorced and remarried** ☐ **I am Divorced** ☐ **I am a widow/widower**

Name of Spouse: _____ Spouses Religion: _____

Date of Marriage: _____ Location of Marriage: _____
Name of Church/ Civil **City/State/Province/Country**

Your current Spouse's Marital Information:

☐ **This is his/her first marriage, he/she has never been married before.** ☐ **He or She has been married before.**

His /Her Former Spouse's Name: _____ His/Her Former Spouse's Religion:_____

Date of Marriage: _____ Place of Marriage: _____
Name of Church / civil **City/State/Province/Country**

Notes: _____

_____

_____

Competed Information Forms may be submitted to the Parish Office

St. Francis Church / Adult Sacraments

900 "H" Street
Bakersfield, CA. 93304

Sacrament	Date	Priest
Baptism		
Profession of Faith		
First Holy Communion		
Confirmation		
Marriage		
Convalidation		