

# Epiphany of Our Lord Parish - 3200 Pharmacy Avenue, Scarborough, ON M1B 5Z4

## Rite of Christian Initiation of Adults (RCIA)



### Initial Information Form (Adult)

Please complete this form and return it to the parish

Name of Enquirer:

First Name

Middle Name(s)

Last Name

Maiden Name (if applicable)

☐ Male

☐ Female

Address:

Street

Apartment/Unit #

City

Province

Postal Code

Phone:

Home

Work

Cell

Email:

Date of Birth:

Month

Day

Year

Place of Birth:

City

Province

Country

Father's Name:

First Name

Middle Name(s)

Last Name

Mother's Name:

First Name

Middle Name(s)

Last Name

Maiden Name

Father's Religion:

Mother's Religion:

Have you ever been baptized? ☐ Yes (provide certificate, record, or affidavit)

☐ No

Date of Baptism:

Catholic Rite or Christian Denomination:

(e.g. Roman Catholic, Presbyterian, United Church, etc.)

Place of Baptism:

Name of Church

Street

City

Province

Country

Postal Code

Do you have children you would like to prepare for Christian initiation?

☐ Yes (provide name and age of each child below)

☐ No

Name (age):

1)

3)

2)

4)

## Marital Status\*

Current marital status:

- ☐ Single
- ☐ A widow/widower
- ☐ Separated\* *(please complete Marriage History form in the appendix)*
- ☐ Divorced\* *(please complete Marriage History form in the appendix)*
- ☐ Engaged to be married to: \_\_\_\_\_

Name of Fiancé/Fiancée

Were you married before? ☐ No ☐ Yes, number of previous marriages\*: \_\_\_\_\_

Has your fiancé/fiancée been married before? ☐ No ☐ Yes, number of previous marriages\*: \_\_\_\_\_

- ☐ Married to: \_\_\_\_\_

Name of Spouse

Is your spouse Catholic: ☐ Yes ☐ No Is this marriage civil or religious? ☐ Civil ☐ Religious

Were you married before? ☐ No ☐ Yes, number of previous marriages\*: \_\_\_\_\_

Has your spouse been married before? ☐ No ☐ Yes, number of previous marriages\*: \_\_\_\_\_

- ☐ In a common-law relationship with: \_\_\_\_\_

Name of Partner

Were you married before? ☐ No ☐ Yes, number of previous marriages\*: \_\_\_\_\_

Has your partner been married before? ☐ No ☐ Yes, number of previous marriages\*: \_\_\_\_\_

\* Using the **Marriage History** form in the appendix, please provide information regarding your current and previous marriages (if any), as well as your spouse's, engaged or or common-law partner's previous marriages (if any).

### Important Note:

If the person who wishes to become Catholic (or his/her spouse or fiancée/fiancé) was in a previous marriage that has not been declared invalid or dissolved by the Catholic Church, this person **cannot** enter the RCIA process at this time. They also cannot join the RCIA process if he or she is currently cohabitating in a common-law relationship which they do not intend to rectify before the Rite of Enrolment.

Only when the above persons are free to enter marriage in the Catholic Church can they be accepted into the RCIA process and prepare for the sacraments of Christian initiation.

### Declaration

I, the undersigned, declare that the information provided on this form and all other forms in the appendix are true and accurate.

Name (PLEASE PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_

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