



CATHEDRAL CHAPEL *of* ST. VIBIANA

ROMAN CATHOLIC CHURCH SINCE 1927

"Like living stones, let yourselves be built into a spiritual house..." (1Peter 1:5)

ADULT FORMATION REGISTRATION FORM RCIA 2018-2019

Information in this form is held in confidence and is not shared without your permission.

Please print clearly

Today's date _____

ADULT CANDIDATE'S INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE:	
MAIDEN NAME: (If applicable)					
Date of Birth:				Age:	
Place of Birth: (include locality (town, city, county, etc), region (state, province, etc.), and country)					
Father's Name:			Mother's Name: (Indicate Maiden Name)		
CONTACT INFORMATION					
Full Mailing Address:					
Home Phone:		Cell Phone:		Work:	
Email:			Occupation:		
Emergency Contact's Name:				Relationship:	
Emergency Contact's Phone/Cell No:					

Please continue to next page.

Church: 923 S. La Brea Avenue, Los Angeles, CA 90036

Parish Office/Mailing Address: 926 S. Detroit Street, Los Angeles, CA 90036

Tel: (323) 930-5976 † Fax: (323) 935-7308 † Email: parish@cathedralchapel.org † cathedralchapel.org



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RELIGIOUS HISTORY

Have you ever been baptized? Yes No I am not sure *(If Yes, please provide copies)*

If your answer is Yes to above question, please provide the following information:

In what denomination were you baptized?

Date or approximate age when you were baptized:

Place of Baptism: *(name of church/denomination)*

Address:

SACRAMENTS RECEIVED

If you were baptized as a Catholic, check those Sacraments you have already received.

FIRST COMMUNION

Date Received:

Parish Name:

Parish Address:

Baptism Certificate Received? Yes No *(If yes, please provide copies)*

Parish Staff to check here if received.

CONFIRMATION

Date Received:

Parish Name:

Parish Address:

Confirmation Certificate Received? Yes No *(If yes, please provide copies)*

Parish Staff to check here if received.

CURRENT MARITAL STATUS

I have never been married.

I am married.

If this is checked please fill in below.

Your Spouse's Name:

Your Spouse's Current Religious Affiliation (if any):

For You: This is my 1st marriage. I have been married before.

For Your Spouse:

This my spouse's 1st marriage.

My spouse has been married before.

I am married but separated from my spouse.

I am a widow/widower and have not remarried since my spouse's death.

I am engaged to be married.

If this is checked please fill in below.

Your Fiancé's Name:

Your Fiancé's Current Religious Affiliation (if any):

For You: This is my 1st marriage. I have been married before.

For Your Fiancé:

This is her 1st marriage.

My fiancé has been married before.

I am divorced and have not remarried.

Please complete the remaining items on the next page of this form.

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