

NORTH AMERICAN MARTYRS

15 Maplewood Avenue, East Hartford, CT 06108

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E-mail: religious-education@comcast.net

RCIA- Rite of Christian Initiation for Adults 2022-2023

Date: _____

Name: _____

Address _____ City _____ State _____ Zip _____

Email: _____ Home Phone number: _____

Mobile Phone: _____

Date of Birth: _____ Place of Birth (City and State): _____

Religious Affiliation: _____

Baptized: YES ___ NO ___ If Yes, in What Tradition? _____

Where? _____

What Parish Church do you attend? _____

Father's Name: _____ Mother's Maiden Name: _____

Marital Status: Please put a check mark (✓) on the Sacrament(s) you wish to make.

Baptism: _____ First Confession: _____ First Communion: _____ Confirmation: _____

Please put a check mark (X) to everything that applies:

Single _____ Married _____ Divorced _____ Remarried _____ Widowed _____

If you were married, or remarried how were you married?

Catholic Church _____ Minister _____ Justice of the Peace _____

Other _____ Engaged to be married _____ Divorced and remarried _____

If married, Name of husband or wife: _____

1. What is your religious education or church background?

2. What draws you to the Church to participate and receive the Sacrament(s)?

3. What are your expectations?

Sacramental Certificates Needed

Baptism _____ Date & Place _____

First Communion _____ Date & Place _____

Confirmation _____ Date & Place _____

Marriage _____ Date & Place _____

For office use only:

Sponsors Name of Confirmation

Candidate _____

Sponsors phone number. _____

Annulment Required _____ Copy of Baptism Certificate _____

Comments: _____

