Holy Family Parish
Pass Christian, MS
RCIA Registration for Inquirers/Candidates

Full Name:		
Mailing Address:		
City:	**State:**	**Zip Code:**
Home Phone:	**Cell Phone:**	**e-mail:**
Place of Birth:	**Date of Birth:**	**(MM/DD/YY)**
Were you baptized? Yes No	**Baptized into which faith:**	
Place of baptism: **Name of church:** **Street Address:** **City, State and Zip Code:** **Name of priest/minister officiating:** **Date of baptism:** **Godmother:** **Godfather:** **NOTE: Please provide a copy of your baptismal certificate.**		
Father's full name:		
Mother's full name with maiden last name:		
Do you attend Catholic Mass on a regular basis? Yes No		
Do you hold membership in a church? Yes No		
If so, please give full name and address of church: **Name of church:** **Street Address:** **City, State and Zip Code:**		
Were you confirmed: Yes No		
Date of confirmation:	**Church of confirmation:** **Name of church:** **Street Address:** **City, State and Zip Code:**	
What Easter Sacraments are you in need of: (please circle) **Baptism Reconciliation First Eucharist Confirmation**		

Why have you come to the church at this time?

_____ I have questions to ask of the Catholic Church.

_____ I want to see what the Catholic Church has to offer.

_____ I'm thinking of becoming a Catholic.

_____ Other _____

Marital Status: Never Married Married Divorced Widowed

If married, is this your first marriage? Yes No

If married, is this your spouse's first marriage? Yes No

For ALL marriages relating to your self AND your spouse, please provide details including date, place (church, home, city hall, etc.), presiding official (judge, Catholic priest, protestant minister, etc.), date of divorce (if applicable), status of annulment (date applied, type of annulment, date received, etc.)

A sponsor is a confirmed adult who is in full communion with the Catholic Church (is able to and does receive sacraments on a regular basis) who participates in the RCIA process with you and attends all sessions.

Do you need us to provide a sponsor for you? Yes No

If you have a sponsor: Name of sponsor:

Street Address:

City, State and Zip Code:

Home Phone No.: Cell Phone No.:

e-mail address:

Relationship of sponsor to candidate:

Other Comments:

Date: _____ Signature of Inquirer/Candidate:_____