

ST. ELIZABETH CATHOLIC CHURCH, GRANITE CITY, ILLINOIS

RCIA Registration Form – [return to FaithFormation@stelizabethgc.org](mailto:returntoFaithFormation@stelizabethgc.org)

Name: _____ Birth Date: _____

Maiden Name: _____ Birth City/State: _____

Address: _____

Phone Number: _____ Mobile/Okay to TXT?: Yes No

Email Address: _____

Employer: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Baptized? Yes No Where? _____

When? _____ Age: _____ Demonimation: _____

Immersion? Water Poured? Sprinkled? Trinitarian Formula? Yes No

Sponsor's Name: _____

Sponsor's Parish & City: _____

Confirmation Saint Name: _____

Married? Married Engaged To Whom: _____

Date: _____ Place of Marriage: _____

Have you been married before? Yes No How many times? _____ Church? Civil?

To Whom: _____ Number of Children: _____

Childrens' Names:	Dates of Birth:	Are they Baptized?
		Yes No
		Yes No
		Yes No

Has your Spouse been Married before? Yes No How many times? _____ Church? Civil?

To Whom: _____ Number of Children: _____

Childrens' Names:	Dates of Birth:	Are they Baptized?
		Yes No
		Yes No
		Yes No

Religious affiliation of spouse/fiancé: _____

Is your spouse/fiancé baptized? Yes No Denomination: _____