

RCIA REGISTRATION FORM
(Please PRINT)

Church of the Visitation
San Francisco, CA

Name: _____ [_____]]
(First) (Middle) (Last) (Maiden)

Phone: _____
(Home) (Work) (Cell)

Address: _____
(Street) (City) (Zip)

Email Address: _____

Have you been baptized? _____ Yes _____ No

If baptized, what denomination? _____

If baptized, date: _____
(Month) (Day) (Year)

If baptized, church: _____
(Name)

(Address) (City) (State)

Date of birth: _____ City and State: _____
(Month) (Day) (Year)

Father's full name: _____ Religion: _____

Mother's full name: _____ Religion: _____

What is your marital status?

- Single: (Never married; no ceremony of any kind)
(If Single, no need to complete the reverse side of this form)
- Married and living with my spouse (Please continue with reverse of form).
- Married but separated from spouse (Please continue with reverse of form).
- Divorced (Please continue with reverse of form).
- Widowed (Please continue with reverse of form).

Name of spouse:

_____ [_____]
(First) (Middle) (Last) (Maiden)

Spouse: Not Baptized: _____ Baptized (Denomination): _____

Date of Marriage: _____
(Month) (Day) (Year)

Religious Ceremony: _____ Civil Ceremony: _____

Religion: _____

Church: _____
(Name)

(Address) (City) (State)

If your current spouse has ever been married in any type of ceremony other than to you, please complete the section below regarding prior spouse(s).

Name of your Spouse's Former Spouse:

_____ Marriage ended by Death: ___ or Dissolution: ___
(First) (Last) (Maiden)

Civil Ceremony: _____ Religious Ceremony: _____ Church: _____

_____ Marriage ended by Death: ___ or Dissolution: ___
(First) (Last) (Maiden)

Civil Ceremony: _____ Religious Ceremony: _____ Church: _____

_____ Marriage ended by Death: ___ or Dissolution: ___
(First) (Last) (Maiden)

Civil Ceremony: _____ Religious Ceremony: _____ Church: _____

If you have ever been married in any type of ceremony (religious or civil), please complete the section below for each spouse, other than your current spouse):

Name of your Former Spouse:

_____ Marriage ended by Death: ___ or Dissolution: ___
(First) (Last) (Maiden)

Civil Ceremony: _____ Religious Ceremony: _____ Church: _____

_____ Marriage ended by Death: ___ or Dissolution: ___
(First) (Last) (Maiden)

Civil Ceremony: _____ Religious Ceremony: _____ Church: _____

_____ Marriage ended by Death: ___ or Dissolution: ___
(First) (Last) (Maiden)

Civil Ceremony: _____ Religious Ceremony: _____ Church: _____

If you are having difficulty completing this form, please contact the Parish Rectory at (415) 494-5517 and we will assist you.