



Diocese of Chalan Kanoa

Commonwealth of the Northern Mariana Islands Saipan, MP 96950

Office of Religious Education

RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA) APPLICATION FORM

Note: A \$15.00 registration fee is needed to defray the cost of the materials needed for the whole duration of the sacramental journey.

RCIA process is intended for:

- (1) Unbaptized adult;**
- (2) Baptized adult in another Christian denomination; and adult**
- (3) Baptized Catholics who have not yet completed the Sacraments of Initiation (First Holy Communion and/or Confirmation.)**

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

Sacrament/s that I need to receive:

BAPTISM

FIRST HOLY COMMUNION

CONFIRMATION

If you were baptized as a Catholic, check those sacraments you have already received and provide a copy of the certificate (s):

Baptism

Eucharist (First Communion)

Confirmation

Parish: _____

I. GENERAL INFORMATION

Name: _____ Middle name: _____ Last Name: _____

Maiden name (if applicable): _____

Date of birth: _____ Age: _____

Place of birth: _____

Father: _____ Mother: _____

Full mailing address: _____

Home phone: _____ Work Phone: _____

Cell: _____ Occupation: _____

Email (personal) _____ Other: _____

II. RELIGIOUS HISTORY (answer the following questions if you are not baptized as a catholic)

- 1. What, if any, is your present religious affiliation? _____
- 2. Have you ever been baptized? ? () YES () NO () I am not sure
- 3. If you answered "yes" to question number 2, please provide the following information and a copy of the certificate:

- (a) In what denomination were you baptized? _____
- (b) Date of you approximate age when you were baptized: _____
- (c) Baptismal name (If different from your current name): _____
- (d) Place of Baptism (Name/denomination): _____

III. CURRENT MARITAL STATUS

Check the appropriate statement (s) below and provide any information requested beneath each statement:

- 1. () I have never married
- 2. () I am Married
 - a. Your spouses' name: _____
 - b. Your spouses' current religious affiliation (if any) _____
 - c. For you () this is my first marriage () I have been married before
 - d. For your spouse () this is my spouses' first marriage () my spouse has been married before
 - e. Date of marriage: _____ Place of Marriage: _____
 - f. officiating authority of marriage: _____
(Civil government, non-Christian minister Christian Minister, Catholic Cleric)
- 3. () I am married but separated from my spouse.
- 4. () I am divorced () I am divorced and I have not remarried.
- 5. () I am a widow (widower) () I have not remarried since my spouse's death
- 6. () Are you living with a significant other? () YES () NO
- 7. () Do you have a child or children with this person? () YES () NO

IV. FAMILY INFORMATION

List any names/age of children or other dependents

General Media Release

- 1. I, the undersigned, hereby authorize the Diocese of Chalan Kanoa to photograph me, take motion pictures of me, take video footage of me, and/ or make electronic sound recordings of me, (herein referred to as photographic or electronic reproductions).
- 2. I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as maybe deemed appropriate by the Diocese of Chalan Kanoa. (I understand that I may be identifiable from such photographic or electronic reproduction).

Print Name _____

Signature and Date _____