

SAINT KATERI TEKAKWITHA
R.C.I.A.

R.C.I.A. QUESTION FORM

2017-2018

Name _____

Address _____

Town, State, Zip _____

Phone _____

E-Mail _____

Date of Birth _____

Place of Birth _____

Father's Name _____

Mother's First & Maiden Name _____

Date of Baptism (if Baptized) _____

Place of Baptism (Church & location) _____

Minister of Baptism _____

Godparents: _____

First Holy Communion Date (Catholics only) _____

Place of First Holy Communion _____

Confirmation Date (Catholics only) _____

Church of Confirmation _____

Marriage: to _____

Date _____

Place _____

Officiant _____

Are You Presently Married _____ Is this 1st Marriage _____

Sponsor (GODPARENT) _____

Name you would like to take at Confirmation _____