

# RCIA Application Form

St. Joseph's Church 6220 E. Willow Street, Long Beach CA 90815 (562) 594-4657

## Personal Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

## Baptismal Status:

Are you Baptized?  Yes  No If Yes, what Religion? \_\_\_\_\_  
Place of Baptism: \_\_\_\_\_ Have Baptismal Certificate?  Yes  No  
Father's Full Name: \_\_\_\_\_ Mother's Full Maiden Name: \_\_\_\_\_

## Marital Status:

Are you currently married?  Yes  No (If Yes, please fill out below info)  
Spouse's Name \_\_\_\_\_ Spouse's Religion \_\_\_\_\_  
 Civil Marriage  Church Marriage (Name of Church) \_\_\_\_\_

Any previous marriages for you?  Yes  No (If Yes, please fill out below info)  
Spouse's Name \_\_\_\_\_ Spouse's Religion \_\_\_\_\_  
 Civil Marriage  Church Marriage (Name of Church) \_\_\_\_\_

Any previous marriages for spouse?  Yes  No (If Yes, please fill out below info)  
Spouse's Name \_\_\_\_\_ Spouse's Religion \_\_\_\_\_  
 Civil Marriage  Church Marriage (Name of Church) \_\_\_\_\_

**Please describe** briefly how you feel called to the Catholic faith, in particular to St. Joseph Church....

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Please forward completed form to rectory office or FAX to (562) 431-7424 (Attn: Deacon Cuda)