

St. Francis of Assisi Parish

900 "H" Street
Bakersfield CA 93304
Ph: (661) 327-4734 Fax: (661) 327-4930

R.C.I.A. Registration Form

Date: _____

Please Print Clearly:

Personal Information

Name: _____ Group # _____

Maiden Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Work: _____ Cell: _____ Other: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

Sacramental History

Were You Baptized: Yes No Date: _____ Religion: _____

Church: _____ City: _____ State: _____

First Communion: Yes No Date: _____ Religion: _____

Church: _____ City: _____ State: _____

Confirmation: Yes No Date: _____ Religion: _____

Church: _____ City: _____ State: _____

Marital Status

Single/Never Married Married Divorced/Single Divorced/Remarried Separated

Marriage Location: _____ Date: _____

City: _____ State: _____

Type of Wedding: Civil Church Other Explain: _____

Spouse's Name: _____ Baptized Yes No

Church: _____ City: _____ State: _____

Former Spousal Information

Spouse's Name: _____ Baptized Yes No

Date of Baptism: _____ Religion: _____

Church: _____ City: _____ State: _____

Previous Marriage Location: _____ Date: _____

City: _____ State: _____ Zip: _____