

CHRIST OUR KING CATHOLIC CHURCH
Mount Pleasant, SC
2009~2010 RCIA FORM

Candidate Name:

Last

First

Middle

Address:

SC

Street or PO Box

City

State

Zip

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Home Phone

Cell Phone

Work Phone

Email Address:

Place of Employment:

Date of Birth:

Place of Birth:

Father's Full Name:

Mother's Maiden Name:

Have you ever been Baptized? YES NO

If "YES" please give name and denomination of Church:

Date of Baptism:

Address of Church:

Name of Godparents or Sponsors:

Please provide a copy of your baptismal certificate with this form.

Have you received any other sacraments? If "YES" please list name of sacrament, date you received and name of Church below:

Sacrament

Date Received

Name of Church where you received sacrament

Sacrament

Date Received

Name of Church where you received sacrament

Are you registered in Christ Our King parish? YES NO

If you have a Sponsor please know they must be Catholic and in good standing with the Catholic Church print name below.

Name of Sponsor if applicable

Please complete back



PERSONAL INFORMATION

Check appropriate box below:

<input type="checkbox"/> Never Married - Please skip down to last section of this page.	
<input type="checkbox"/> Presently Engaged for the first time - Please skip down to the engaged section of this page.	
<input type="checkbox"/> Married Only Once	<input type="checkbox"/> Presently Separated
<input type="checkbox"/> Divorced and Not Remarried	<input type="checkbox"/> Divorced and Remarried

If you, your spouse or your fiance` have been previously married please make an appointment with Sr. Donna at 971-8273 or Deacon Andre` by contacting the Parish Office at 884-5587.

Are you presently involved in the annulment process? YES NO

If divorced and remarried, do you have an annulment? YES NO

If married, were you married in a Catholic Church? YES NO

Name and address of parish:

Date of Marriage:

Were you married in another Christian Church? YES NO

Name and denomination of Church:

Date of Marriage:

Were you married in a civil ceremony? YES NO

What city and state?

Date of Marriage:

If married, spouses name:

Is your spouse Catholic? YES NO Has your spouse ever been baptized? YES NO

Name and location of Church:

Does your spouse have a previous marriage? YES NO

If engaged, give your fiance`/ee's full name:

Does your fiance`/ee have a previous marriage? YES NO

If yes, has this marriage been annulled? YES NO

Which one of these statements best describes why you are interested in the RCIA program:

_____ I want to know more about the Catholic Church.

_____ I think I want to become a Catholic.

CHRIST OUR KING CATHOLIC CHURCH
Mount Pleasant, SC
Sacraments of Initiation for Children
RCIC FORM

Child's Full Name:			
Last	First	Middle	
Address:			
Street or PO Box	City	State	Zip
Father's Full Name:			
Mother's Full Name:			
Email Address:			
School Child Attends:			Grade:
Date of Birth:		Place of Birth:	
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Home Phone	Cell Phone	Work Phone	
Are you registered in Christ Our King parish? Please circle <u> </u> YES <u> </u> NO			
Has your child been Baptized? Please circle <u> </u> YES <u> </u> NO			
If "YES" please give name and denomination of Church:			
Date of Baptism:			
Address of Church:			
Name of Godparents or Sponsors:			
Please provide a copy of your child's baptismal certificate with this form.			
If your child is to be Baptized, please know Godparents must be Catholic and in good standing with the Catholic Church			
Name of Godparents:			
What Sacraments does your child need to receive? Please list below:			
Sacrament:			
Sacrament:			
Sacrament:			
<p>When your child attends the Christ Our King Parish RCIC program, one parent needs to attend the adult RCIA classes for the year program. These classes take place at the same time your child is studying for the reception of their sacraments.</p>			
Parents Signature:			Date: