



Diocese of Honolulu RCIA Inventory

St. Joseph Church, HILO-HI

Participant information (please print)

First Name: _____ Middle Name: _____

Maiden Name: _____ Last Name: _____

Name you prefer to be called, (if different): _____

Street Address: _____

Mailing Address: _____

E-mail Address: _____

Home Phone: _____ Cell: _____ Work Ph: _____

Occupation/Employer: _____

Children: (names/ages of those living at home) _____

Your date of birth: _____

City/State/Country of birth: _____

Your Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

Have you ever previously been accepted as a catechumen or candidate in the Rite of Christian Initiation For Adults (RCIA) in the Catholic Church? _____

If yes, when and where? _____

Why did you not complete initiation at that time? _____

Are you baptized? _____ If yes.....

Name of Church: _____ Denomination: _____

City/State/Country: _____

Date of Baptism: _____ Officiant: _____

If you were baptized Catholic....

Have you received first Holy Communion? _____ First Reconciliation? _____

Where and when? _____

Are you married? _____

If you are married.....

Maiden name of spouse: _____

Spouse's religion: _____

Date of Marriage: _____ Officiant: _____

Name / place of marriage: _____

City/State: _____

Prior to this marriage have you ever been married to another person? _____*

Prior to this marriage has your spouse ever been married to another person? _____*

If you are not married....

Have you ever been married before either in a church or civility? _____*

Are you engaged? _____ If yes....

Name of Fiancé: _____

Has your fiancé ever been married before either in a church or civility? _____*

****If YES, fill out the Prior Marriage Supplement Form for each prior marriage.***

Your Signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____
(if under 18 of age)

Baptism / Confirmation Information

Baptism/Confirmation name: _____
(to be chosen later)

Godfather full name: _____

Address: _____

Home Ph.: _____ Cell: _____ Work Ph.: _____

E-mail address: _____

Name of parish where member: _____

Parish city/state: _____

Godmother full name: _____

Address: _____

Home Ph.: _____ Cell: _____ Work Ph.: _____

E-mail address: _____

Name of parish where member: _____

Parish city/state: _____

Note: Grandparents (sponsors) must be practicing, confirmed Catholics, and if married, then married in the Catholic Church.

Staff use only: NOTES REGARDING SACRAMENT RECEPTION

Prior Marriage Supplemental Form

*Fill out one form for each prior marriage of
catechumen or candidate and current spouse or fiancé*

Check one:

- This was my prior marriage.
- This was my current spouse's prior marriage.
- This was my Fiancé's prior marriage.

Husband's name: _____

Husband's Religion: _____

- Baptized
- Not Baptized

Wife's maiden name: _____

Wife's Religion: _____

- Baptized
- Not Baptized

Date of Marriage: _____ Officiant: _____

Name / place of marriage: _____

City/State/Country: _____

How did this marriage end? Check one:

- Death
- Divorce

Staff use only - Possible resolutions

- | |
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| <ul style="list-style-type: none"><input type="checkbox"/> Defect of form - if one or both parties are Catholic and marriage was outside of church.<input type="checkbox"/> Pauline privilege - if both parties are not baptized and one is to be baptized.<input type="checkbox"/> Defect of consent (or impediment) (formal nullity cause). |
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