

SAINT ANTHONY CHURCH

1627-B MILL STREET
WAILUKU, MAUI, HAWAII 96793-1999
PHONE: 244-4148

RITE OF CHRISTIAN INITIATION (RCIA) REGISTRATION FORM

20__-20__

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
_____ Zip: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: _____

Father's full name: _____

Mother's full maiden name: _____

*If already baptized,

Date of Baptism: _____ Church of Baptism: _____

(Please attach copy of Baptismal certificate). City/State: _____

**If Catholic, did you receive the following sacraments?

_____ Sacrament of Reconciliation _____ Sacrament of Eucharist

(Please attach a copy of your First Communion Certificate).

MARITAL STATUS

_____ Single never married

_____ Divorced, never married

_____ Divorced and remarried

_____ Widow/Widower

_____ Married once, still married

Date of Marriage: _____

Name of Church: _____

City and State: _____

If married, was marriage performed by a priest/
deacon in the Catholic Church? If not, where was
the marriage performed?

(Please attach a copy of your marriage certificate)

Please return this form to St. Anthony Church. Attention: Sr. Eva J Mesina