



ALL SAINTS CATHOLIC CHURCH  
22824 Second Street  
Hayward, CA 94541

RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA)

The Leaders of the Inquiry Phase of Christian Initiation of Adults would like the following information about you. We ask that you answer the following CONFIDENTIAL questions as completely as possible. Please Print your responses. Thank you.

1. Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Mother's First & Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Please list the names of your immediate family members: \_\_\_\_\_  
\_\_\_\_\_

2. Do you belong to any faith tradition?  Yes  No If so, What Denomination? \_\_\_\_\_  
Have you been baptized a Christian?  Yes  No If so, What Denomination? \_\_\_\_\_  
Name of Church: \_\_\_\_\_ Date Baptized: \_\_\_\_\_

(Note: Please attach a copy of your Baptism Certificate except if Baptized at All Saints Church)

3. If you are Catholic, please answer the following questions:  
Have you received all three sacraments of Initiation (Baptism, 1<sup>st</sup> Communion & Confirmation?)  Yes  No

**(If yes to any Sacrament – A copy of your Certificate is required)**

**BAPTISM**

Name of Church: \_\_\_\_\_ Date: \_\_\_\_\_  
Address of Church: \_\_\_\_\_

**FIRST COMMUNION**

Name of Church: \_\_\_\_\_ Date: \_\_\_\_\_  
Address of Church: \_\_\_\_\_

4. What are the names of the Catholic Parishioners you know within All Saints Parish

5. Who would you like to be your Sponsor? (This person must be a fully initiated Catholic)

6. A) Are you currently:  Single  Engaged  Married  Divorced

B) If Married, is your spouse Catholic?  Yes  No

Were you Married in the Catholic Church?  Yes  No

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**THIS SECTION IS TO BE COMPLETED BY THE ALL SAINTS RCIA TEAM**

(Please print)

7. 7.1 Interview Dates: Date: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_

7.2 Sponsor Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member of All Saints Church:  Yes  No

7.3  Elect (Baptism, Confirmation, First Communion/Eucharist)

Candidate (Catholic)

Candidate (Non-Catholic)

Registration Fee is \$50.00. Paid: \_\_\_\_\_  Cash  Check #  Credit/Debit

Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Notes: