



St. Rose of Lima Parish Served by the Holy Cross Fathers

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RCIA Personal Information Form (Adult)

Name: _____
(given) (maiden) (surname)

Address: _____
(street)

(city) (province) (postal code)

Phone: _____
(home) (work)

Email: _____

Date of Birth: _____
(month) (day) (year)

Place of Birth: _____
((city) (province) (country)

Are you baptized? ___ Yes ___ No

If yes, give name of Church, if known: _____

Address: _____
(street) (city)

(province) (country) (postal code)

If known, give date of Baptism: _____

Father's Name: _____
(given) (surname)

Mother's Name: _____
(given) (maiden) (surname)

Father's Religion: _____ **Mother's Religion:** _____

Do you have children you would like to prepare for initiation? ___ Yes ___ No

If yes, give the names and ages of the children: _____

Marital History

Are you presently:

_____ Single

_____ Engaged to be married to _____
(Name of Fiancé)

_____ a widow / widower

_____ Married to _____
(Name of Spouse)

_____ Separated

_____ In a common law relationship with _____
(Name of Partner)

_____ Divorced

If you are married, is this your first marriage? ___ Yes ___ No

If you are married, is your spouse baptized? ___ Yes ___ No

If yes, give name of Church and date of Baptism, if known: _____

Address:

(street) (city)

(province) (country) (postal code)

If this is your first marriage please complete **Part A**

If this is not your first marriage please complete **Part B**

Part A

Place of Marriage: _____
(church) (city) (province)

Date of Marriage: _____

Were you ever married civilly? ___ Yes ___ No

Is this your spouse's first marriage? ___ Yes ___ No

If your spouse has been married before please answer **Part C**

Part B

How many times have you been married? _____

Please complete the following information for our first marriage:

Place of Marriage: _____
(church) (city) (province)

Date of Marriage: _____

Were you married civilly? ____ Yes ____ No

Name of first spouse: _____

Was your first spouse baptized? ____ Yes ____ No

If yes, give name of Church and date of Baptism, if known: _____

Address: _____
(street) (city) (province)

Was this your spouse's first marriage? ____ Yes ____ No

If your spouse has been married before, please complete **Part C**

Please complete the following information for your second marriage:

Place of Marriage: _____
(church) (city) (province)

Date of Marriage: _____

Were you married civilly? ____ Yes ____ No

Name of second spouse: _____

Was your second spouse baptized? ____ Yes ____ No

If yes, give name of Church and date of Baptism, if known: _____

Address: _____
(street) (city) (province)

Was this the first marriage for your second spouse? ____ Yes ____ No

If this spouse was married before, please answer **Part D**

Part C Martial History of First Spouse

If your first spouse was married before please complete the following information:

Name of Spouse: _____
(given) (maiden) (surname)

Place of Previous Marriage: _____
(church) (city) (province)

Date of Marriage: _____

Date of Divorce: _____
(month) (day) (year)

Was this the first marriage for this person? ___ Yes ___ No

If no, provide details of other marriages: _____

Part D Martial History of Second Spouse

If your second spouse was married before please complete the following information:

Name of Spouse: _____
(given) (maiden) (surname)

Place of Previous Marriage: _____
(church) (city) (province)

Date of Marriage: _____

Date of Divorce: _____
(month) (day) (year)

Was this the first marriage for this person? ___ Yes ___ No

If no, provide details of other marriages: _____

