



Church of Our Lady of Immaculate  
Conception, Seria  
Tel: 3222304 Fax: 3224225

**RITE OF CHRISTIAN INITIATION FOR ADULTS (RCIA)**  
**PERSONAL DATA**

1. Name: \_\_\_\_\_  
Christian Name: \_\_\_\_\_ Confirmation Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
3. Race: \_\_\_\_\_ Language: \_\_\_\_\_
4. Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_
5. Previous Religion: \_\_\_\_\_ Remarks: \_\_\_\_\_
6. Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Race: \_\_\_\_\_ Religion: \_\_\_\_\_
7. Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Race: \_\_\_\_\_ Religion: \_\_\_\_\_
8. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No: \_\_\_\_\_ (M) \_\_\_\_\_ (H) \_\_\_\_\_ (O)  
E-mail Address: \_\_\_\_\_
9. Marital Status: Single  Married  Divorced  Widow
11. Record of Previous Marriage  
Civil  Tradition  Church (RC)  Others
12. Number of Children \_\_\_\_\_

Children's name	Christian's Name	DOB	Place	Sponsor

**SPONSOR'S DATA**

- Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Marital Status: Single  Married  Divorced  Widow
- How long have you been baptized in the Catholic Church? \_\_\_\_\_  
Have you been confirmed? \_\_\_\_\_ When \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No \_\_\_\_\_ (M) \_\_\_\_\_ (H) \_\_\_\_\_ (O)  
E-Mail Address: \_\_\_\_\_

**Note: If Christian (non-Catholic), please supply with a photocopy of Baptism Certificate**