

**Sacred heart cathedral**

406 Steele Street, Whitehorse (YT), Y1A 2C8

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**RITE OF CHRISTIAN INITIATION (RCIA) FORM**

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| **Part 1. Applicant’s Information** | | |
| **Full name:** | | |
| **Address:** | | |
| **Phone number(s):** | **Email:** | |
| **Date of birth:** | **Place of birth:** | |
| **Part 2. Baptismal Information** | | |
| **Have you been baptized? □ Yes □ No** | **If yes, denomination?**  *\*Copy of baptismal certificate is required* | |
| **Date of baptism:** | **Church of baptism:** | |
| **Address of church:** | | |
| **Religion if not a Christian:** | | |
| **Part 3. Marital Status** | | |
| **Check one: □ Single □ Married □ Engaged □ Separated/Divorced □ Common-law** | | |
| **If married, how many times?** | **□ Sacramental Marriage or □ Civil Marriage** | |
| **Date of sacramental marriage:** | | **Denomination:** |
| **Church name and address:** | | |
| **Date of civil marriage:** | | **City/Country:** |
| **Do you have children? □ Yes □ No** | **Have they been baptized: □ Yes □ No** | |
| **How many times has your spouse or fiancé been married?** | | |
| **Part 4. Parents’ Information** | | |
| **Mother’s first and maiden name:** | | |
| **Mother’s religion:** | | |
| **Father’s full name:** | | |
| **Father’s religion:** | | |

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| **Part 5. Sacraments requested** | |
| **□ Baptism** | **Godparent(s) name(s)** *(Must be at least 16 years of age. One must be female and one male. At least one of the Godparents must be a practicing Catholic who has been confirmed and has received the Eucharist. A baptized non-Catholic may be a witness along with a Catholic Godparent.)***:** |
| **□ First Confession**  *(Sponsor not required)* | |
| **□ Holy Communion** *(Sponsor not required)* | |
| **□ Confirmation** | **Sponsor’s name** *(Must be at least 16 years of age, and a practicing Catholic*  *who has been confirmed and has received the Eucharist)***:** |
| **□ Marriage** *(A separate process is required)* | |
| **Place of receipt of sacrament(s) (Mission/Parish, Town and Territory/Province):** | |
| **Proposed date(s):** | |
| **RCIA preparation dates** *(Six hours of preparation per sacrament is recommended)***:** | |
| **Part 6. Why are you considering full membership in the Catholic Church at this time?** | |
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***For office use only:***

***□ Copy of baptismal certificate received (if applicable)***

***RCIA program delivered by (Priest/Catechist): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date and time of Baptism, Holy Communion, and/or Confirmation:*** *\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Celebrant:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ***□ Certificate issued***

***□ Recorded in parish register AND □ Sent to Chancery / OR □ Sent to parish of baptism***