

**CHRIST OUR KING CATHOLIC CHURCH**  
**Mount Pleasant, SC**

Candidate Name:			
Last	First	Middle	
Address:		SC	
Street or PO Box	City	State	Zip
(     )	(     )	(     )	
Home Phone	Cell Phone	Work Phone	
Email Address:		Place of Employment:	
Date of Birth:		Place of Birth:	
Father's Full Name:			
Mother's Maiden Name:			
Have you ever been Baptized?    _____YES    _____NO			
If "YES" please give name and denomination of Church:			
Date of Baptism:			
Address of Church:			
Name of Godparents or Sponsors:			
Please provide a copy of your baptismal certificate with this form.			
Have you received any other sacraments? If "YES" please list name of sacrament, date you received and name of Church below:			
Sacrament	Date Received	Name of Church where your received sacrament	
Sacrament	Date Received	Name of Church where your received sacrament	
Are you registered in Christ Our King parish?    _____YES    _____NO			
If you have a Sponsor please know they must be Catholic and in good standing with the Catholic Church print name below.			
Name of Sponsor if applicable			
Please complete Page 2			

## PERSONAL INFORMATION

☐ Never Married - Please skip down to last section of this page.

☐ Presently Engaged for the first time - Please skip down to the engaged section of this page.

☐ Married Only Once

☐ Presently Separated

☐ Divorced and Not Remarried

☐ Divorced and Remarried

If you, your spouse or your fiancé have been previously married please make an appointment with Sr. Donna at 971-8273 or a Parochial Vicar by contacting the Parish Office at 884-5587. Any previous marriages for you and/or your spouse must be nullified by the Church before you can complete the RCIA process.

Are you presently involved in the annulment process? ☐ YES ☐ NO

If divorced and remarried, do you have an annulment? ☐ YES ☐ NO

If married, were you married in a Catholic Church? ☐ YES ☐ NO

Name and address of parish:

Date of Marriage:

Were you married in another Christian Church? ☐ YES ☐ NO

Name and denomination of Church:

Date of Marriage:

Were you married in a civil ceremony? ☐ YES ☐ NO

What city and state?

Date of Marriage:

If married, spouses name:

Is your spouse Catholic? ☐ YES ☐ NO Has your spouse ever been baptized? ☐ YES ☐ NO

Name and location of Church:

Does your spouse have a previous marriage? ☐ YES ☐ NO

If engaged, give your fiancé/ee's full name:

Does your fiancé/ee have a previous marriage? ☐ YES ☐ NO

If yes, has this marriage been annulled? ☐ YES ☐ NO

Which one of these statements best describes why you are interested in the RCIA program:

\_\_\_\_\_ I want to know more about the Catholic Church.