****Rite of Christian Initiation of Adults /** Rito de la Iniciación Cristiana de Adultos

**A. Personal Information Section:** Date *(Fecha):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Legal Name */ Nombre legal completo* Name you prefer used */ Nombre que prefiere usar*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Street Address, City, State and Zip Code */ Dirección, cuidad, Estado y Código Postal*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone */ # de Teléfono* Cell/ *Móvil Email / Correo electrónico*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth / *Fecha de Nacimiento* Place of Birth */ Lugar de Nacimiento*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Father’s Name/ *Nombre del Padre* Mother’s Name + Maiden Name */ Nombre de la madre + Apellido de soltera*

**B. Religious Information Section:**

Were you Baptized/ Fue Bautizado [ ] Yes/Si [ ] No If your answer is yes, please respond / Si su respuesta es Si por favor responda:

**Date of Baptism/*Fecha de Bautismo***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Church Name/*Nombre de la Iglesia****:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Church Address/*Dirección de la Iglesia****:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive First Holy Communion? /¿Recibió la primera comunión? [ ] Yes/Si [ ] No

***(Attach ORIGINAL Baptism Certificate or Affidavits (Se requiere Partidas de Bautizo originales)***

**C. Marital Status Section/ Sección de Estado civil**

Are you married / *¿Está Casado ahora?* ( ) YES / SI ( ) NO

Married by/*Casado por* ( ) Catholic Priest or Deacon/*Sacerdote Católico o Diácono* ( ) Other Clergy / *Otro Ministro*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If other, please indicate name and title of officiant/ Si es otro, por favor indique el nombre y el título del oficiante*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

*Date of Marriage / Fecha de Matrimonio Place: Church, Temple, Town Hall/Iglesia, lugar City/Cuidad*

1. Is this your first marriage? / *¿Es este su primer matrimonio?*  **( ) YES ( ) NO**

2. Is this your spouse’s first marriage? / *¿Es este el primer matrimonio de su pareja?* **( ) YES ( ) NO**

**D. Family status/Estado Familiar:**

Children/Hijos (if any):

**Name*/Nombre* Age/*Edad*  Baptized/*Bautizado* Denomination/Denominacion**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

* If NO to question **C1**. *Prior to this marriage, have you ever been married to another person either in church, civilly, or by common law? \_\_\_\_\_\_\_\_. If yes, fill in* **“E”** *below.*

*Si NO a la pregunta* ***C1.*** *Antes de este matrimonio, ¿alguna vez estuvo casado con otra persona en la iglesia, civilmente o por ley común? \_\_\_\_\_\_\_\_. En caso afirmativo, complete la* ***"E"*** *a continuación.*

* If NO to question **C2**. Has your spouse ever been married to another person either in church, civilly, or by common law? \_\_\_\_\_\_\_. If yes, fill in **“F”** below.

*Si NO a la pregunta* ***C2.*** *¿Ha estado su cónyuge alguna vez casado con otra persona, ya sea en la iglesia, civilmente o por ley común? \_\_\_\_\_\_\_. En caso afirmativo, complete la* ***"F"*** *a continuación.*

**E. Previous Marriage of Candidate/** **Matrimonio anterior de la candidata**

1. How many times were you married?/ *¿Cuántas veces estuvo casada?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. To Whom*/ Con quién?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What denomination / *Que Denominación?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. When */ Cuando?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where/ *Donde?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Officiator / *Oficiador:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. If former spouse is deceased / *Si el excónyuge ha fallecido:*

Date of death/*Fecha del fallecimiento:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a death certificate? / *¿Tiene certificado de defunción*? \_\_\_\_\_\_\_\_\_\_\_\_\_

7. If former marriage was dissolved or annulled by the Church / *Si el matrimonio anterior fue disuelto y anulado por la Iglesia:*

Diocese/ *Diocesis:* \_\_\_\_\_\_\_\_\_\_\_\_\_Protocol /*Protocolo #:*  \_\_\_\_\_\_\_Date /*Fecha:* \_\_\_\_\_\_\_\_\_\_

**F. Previous Marriage of Present Spouse / Matrimonio anterior del cónyuge actual**

1. How many times were you married?/ *¿Cuántas veces estuvo casada?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. To Whom*/ Con quién?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What denomination / *Que Denominación?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. When */ Cuando?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where/ *Donde?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Officiator / *Oficiador:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. If former spouse is deceased / *Si el excónyuge ha fallecido:*

Date of death/*Fecha del fallecimiento:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a death certificate? / *¿Tiene certificado de defunción*? \_\_\_\_\_\_\_\_\_\_\_\_\_

7. If former marriage was dissolved or annulled by the Church / *Si el matrimonio anterior fue disuelto y anulado por la Iglesia:*

Diocese/ *Diocesis:* \_\_\_\_\_\_\_\_\_\_\_\_\_Protocol /*Protocolo #:*  \_\_\_\_\_\_\_Date /*Fecha:* \_\_\_\_\_\_\_\_\_\_

**For information please call / Para obtener información, llame al:** Rosemarie Constable -(609) – 448-0974(English)

Gloria Enriquez - (609) -937-8026 (Español)