

Canadian Martyrs Catholic Church

加拿大殉道聖人天主堂

5771 Granville Ave., Richmond, B.C. V7C 1E8

Tel. 604 - 272 - 5563 Fax. 604 - 272 - 5564

Rite of Christian Initiation of Adults (R.C.I.A.) Registration Form

Thursday Evening 7:00 pm – 9:00 pm

Name _____
(First Name) (Middle Name) (Last Name)

中文姓名 Name in Chinese _____ Gender _____

Home Address _____
(No /Apt. / Street) (City) (Postal Code)

Tel. No. _____
(Home) (Office) (Cell.)

Date of Birth _____ Email: _____
(Year) (Month) (Day)

Place of Birth _____

Religion None Protestant Buddhism others

.....
Father's Name _____ Religion _____
(English) (Chinese)

Mother's **Maiden** Name _____ Religion _____
(English) (Chinese)

.....
Marital Status Single Married Divorced Widowed Cohabitation Separation

If married, your present marital status: 1st Marriage 2nd marriage others _____

Name of Spouse (English) _____ (Chinese) _____ (Religion) _____

Is your spouse baptized? Yes No

Date of Baptism _____

Name & Location of Church _____

Denomination : Roman Catholic Protestant Others _____

Is this the first marriage of your spouse? Yes No

Date of Marriage _____ City/Country of Marriage _____

Type of Ceremony Civil _____ Religious _____ Others _____

If married in church, please write name and address of the church.

Children's Name	Religion	Date of Birth Year / Month / Day
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

☆ Please attach a copy of your spouse's baptismal certificate

☆ Please attach a copy of your marriage certificate

FOR OFFICE USE ONLY (Year _____ to _____)

Remarks: _____

Profession of Faith Con-validation Parish Registry