



**Sacred Heart Church**  
**Sterling, IL**  
**Rite of Christian Initiation of Adults**

Please return this form to the  
Parish Office at  
2224 Avenue J, Sterling, IL  
or email it to  
sheartoffice@gmail.com

**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Maiden Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City / Zip \_\_\_\_\_  
Cell Number \_\_\_\_\_ Email \_\_\_\_\_  
Will Receive a Flocknote Text Message for Cancellations  
Date of Birth \_\_\_\_\_ Place of Birth (city/state) \_\_\_\_\_

**Marriage Information**

**Marital Status** ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

**If Married:**

Is your spouse Catholic? ☐ Yes ☐ No Name of spouse \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Place of Ceremony (city/state) \_\_\_\_\_ Name of Church \_\_\_\_\_

Was the wedding performed in a Catholic Church? ☐ Yes ☐ No

If no, was the marriage blessed by a Catholic priest? ☐ Yes ☐ No

If yes, where was the marriage blessed? \_\_\_\_\_

Have you been married previously? ☐ Yes ☐ No If yes, how many times? \_\_\_\_\_

Has your spouse been married previously? ☐ Yes ☐ No If yes, how many times? \_\_\_\_\_

**If Divorced:**

Date of divorce \_\_\_\_\_

Was the marriage annulled? ☐ Yes ☐ No If yes, date of annulment \_\_\_\_\_

**If Widowed:**

Date of death \_\_\_\_\_

**Baptism**

Have you ever been baptized? ☐ Yes ☐ No

**If yes:**

Name of Church \_\_\_\_\_

City/State \_\_\_\_\_

Denomination of Church \_\_\_\_\_

Date \_\_\_\_\_ Officiant \_\_\_\_\_

Have you ever been accepted as a Catechumen or Candidate in the Catholic Church?

☐ Yes ☐ No If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

**Confirmation**

Have you ever been confirmed? ☐ Yes ☐ No

**If yes:**

Name of Church \_\_\_\_\_

City/State \_\_\_\_\_

Denomination of Church \_\_\_\_\_

Date of Confirmation \_\_\_\_\_

**Eucharist**

Have you ever received Communion in the Catholic Church? ☐ Yes ☐ No

Did you receive formal instruction prior to receiving Communion? ☐ Yes ☐ No

**If yes:**

Name of Church \_\_\_\_\_

City/State \_\_\_\_\_

Date of Communion \_\_\_\_\_

**Office Use**

RCIA Sponsor \_\_\_\_\_

Confirmation Saint Name \_\_\_\_\_