



Rite of Christian Initiation of Adults (RCIA)

Appendix - Marriage History Form

Please complete this form and return it to the parish
(PLEASE PRINT)

Name of Enquirer:

First Name Middle Name(s) Last Name Maiden Name (if applicable)

Male Female

Current Marriage

Is this your first marriage? Yes No

If no, how many times have you been married (including civil and religious ceremonies)? _____

If you have been married more than once, please complete the "Previous Marriage" form for each of your previous marriage(s).

Please complete the following information regarding your current marriage:

Date of marriage: _____

Place of Marriage:

Name of Church or Venue

Street

City

Province

Country

Postal Code

Name of spouse:

First Name

Middle Name(s)

Last Name

Maiden Name (if applicable)

Was your spouse baptized at the time of the marriage? Yes (provide certificate, record, or affidavit) No

Date of Baptism: _____ Catholic Rite or Christian Denomination: _____

(e.g. Roman Catholic, Presbyterian, United Church, etc.)

Place of Baptism:

Name of Church

Street

City

Province

Country

Postal Code

Is this your spouse's first marriage? Yes No

If no, how many times has your spouse been married (including civil and religious ceremonies)? _____

If your spouse has been married more than once, please complete the "Previous Marriage" form for each of his/her previous marriage(s).

Previous Marriage

Please complete this form to provide information regarding:

- each of your previous marriages
- each of your spouse's, engaged or common-law partner's previous marriages

This is the previous marriage of:

First Name Middle Name(s) Last Name Maiden Name (if applicable)

Male Female

Date of marriage: _____ Date of Divorce: _____

Has this marriage been declared invalid or dissolved by the Catholic Church? Yes (provide certificate) No

Place of Marriage:

Name of Church or Venue

Street City

Province Country Postal Code

Name of former spouse:

First Name Middle Name(s) Last Name Maiden Name (if applicable)

Was this former spouse baptized at the time of the marriage? Yes No

Date of Baptism: _____ Catholic Rite or Christian Denomination: _____

(e.g. Roman Catholic, Presbyterian, United Church, etc.)

Place of Baptism:

Name of Church

Street City

Province Country Postal Code

Was this your former spouse's first marriage? Yes No

If no, how many times has this spouse been married (including civil and religious ceremonies)? _____

If this spouse has been married more than once, please complete the "Previous Marriage" form for each of his/her previous marriage(s).