

REGISTRATION FORM

Rite of Christian Initiation of Adults

Our Lady of Lourdes

PERSONAL Information

Date: _____

Last Name		First Name		Middle/ Maiden Name	
Home Address		Mailing Address		City, State	Zip
Home Phone	Cell number	Place of Work		Work Phone	
Date of Birth		Place of Birth		Last Grade Completed	
Were You Baptized? <input type="checkbox"/> yes <input type="checkbox"/> no	If so, approximate date:	Denomination	Name & Location of Church		
Father's First Name	Middle Name	Last Name		Religion	
Mother's First Name	Middle Name	Maiden Name		Religion	

Why have you come to Our Lady of Lourdes Catholic Church at this time? (please check as many that apply to you).

- I am **NOT** thinking about becoming Catholic but I have questions. (No need to continue this form)
- I am thinking about becoming a Catholic and I have some questions.
- I am Catholic and I want to prepare for my:

<input type="checkbox"/> My First Communion	<input type="checkbox"/> Profession of Faith	<input type="checkbox"/> Marriage
<input type="checkbox"/> Confession	<input type="checkbox"/> Confirmation	

MARITAL STATUS: Please check as many that as apply to you.

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced; remarried |
| <input type="checkbox"/> Married | <input type="checkbox"/> Married in the Catholic Church | <input type="checkbox"/> Divorced; not remarried |
| <input type="checkbox"/> Engaged | <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced how many times _____ |

Please Check as many as that apply to your Past, Present or Future Spouse.

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced; remarried |
| <input type="checkbox"/> Married | <input type="checkbox"/> Married in the Catholic Church | <input type="checkbox"/> Divorced; not remarried |
| <input type="checkbox"/> Engaged | <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced how many times _____ |

Note: Spouse/Fiancé's Name _____	Religion _____
Date of Marriage _____	Married by _____ Needs Annulment Yes _____ No _____
Number and Names of Children _____	
Your cell phone number _____	E-mail Address _____