

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.
 I am thinking about becoming a Catholic and I have some questions.
 I am Catholic and I want to prepare for my:

My First Communion Profession of Faith Marriage
 Confession Confirmation

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

Single Separated Divorced; remarried
 Married Married in the Catholic Church Divorced; not remarried
 Engaged Widowed Divorced how many times ___

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

Single Separated Divorced; remarried
 Married Married in the Catholic Church Divorced; not remarried
 Engaged Widowed 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 _____