



St. Mary's Catholic Church

RCIA Registration Form

(Please Print)

Name: _____ Title:(circle one) Mr. Mrs. Ms. Other: _____

Spouse Name: _____ Title: (circle one) Mr. Mrs. Ms. Other: _____

(Please indicate your family preference regarding how your family name appears on mailing labels)

Name: _____

Street Address: _____

City: City _____ State: _____ ZipCode: _____

Primary Phone: (____) _____ Cellular: (____) _____

Email Address: _____

Family Status: Marital Status: (circle one) Single Married Divorced Widowed

If married, were you married by a priest or deacon? (circle one) YES NO Marriage Date: _____

Place of Marriage: (church/city) _____

Baptized: (circle one) YES NO Catholic: (circle one) YES NO Church: _____

Confirmed: (circle one) YES NO SEX: (circle one) Male Female

Are you Register at St. Mary's Catholic Church? (circle one) YES NO