OUR LADY STAR OF THE SEA CATHOLIC CHURCH R.C.I.A REGISTRATION FORM

(For Church records)

Full Name:			
Last	First		Middle
Mailing Address:		04-4-	7:- 0 - 1 -
City		State	Zip Code
Email Address:			
Place of employment:			
Home phone:	Work phone and	d/or cell:	
Date of Birth:	Place of Birth:		
Father's Full Name:	Mother's Ma	iden Name: _	
Have you ever been baptized before?	? □ No	□ Yes	
If 'Yes', give name and denomination	of Church:		
Address of Church:			
Date of Baptism:	(Please provide a	copy of your	Baptismal certificate)
Name of Godparents or sponsors:			
What other sacraments have you rec	eived?		
Date of reception:			
Name of the Church where you recei	ved these sacraments:		
(For Office Use Only) Name of spons	sor:		

MARITAL STATUS

☐ Married only once ☐ F	Presently Separated	
☐ Divorced and not remarried ☐ [Divorced and	remarried
Are you presently involved in the annulment process?		
If divorced and remarried, do you have an annulment?	□ Yes	□ No
If Married:		
Where you married in a Catholic Church?	□ No	□ Yes
Name and location of the Parish:		
Date of the marriage:		
Where you married in another Christian Church?	□ Yes	□ No
Date: Name and denomination of Church:		
Were you married in a civil ceremony?	□ Yes	□ No
When: Where:		
If married, give your spouse's name:		
Is your spouse a Catholic?	□ No	□ Yes
Has your spouse ever been baptized?	□ No	□ Yes
Name and location of the Church:		Date:
Does your spouse have a previous marriage?	□ No	□ Yes
FOR THOSE WHO ARE ENGAGED		
If engaged, give your fiance/ee's full name:		
Does your fiance/ee have a previous marriage?	□ No	□ Yes
If 'Yes', has this marriage been annulled?	□ No	□ Yes
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(Please return this form to Deacon Bob at the Parish Center) Feel free to e-mail any questions or concerns to $\underline{deacbob33@yahoo.com}$