Our Lady of Fatima Catholic Church 4020 Lomas BLVD NE Phone: 505-265-5868 Albuquerque, NM 8712 Fax: 505-268-0880

Albuquerque, NM 87110

2023-2024 RCIA/Adult Confirmation Registration Form

| Name | | | Sex |
|---|-----------------------|---------------------------|---------------------------------------|
| Name First | Middle | Last | |
| Maiden Name: | | | |
| Address: | | | |
| | State:Zip: | | |
| Home Phone:() | _Work:() | Cell:() | |
| e-mail address: | | | |
| Date of Birth (M-D-Y) | Plac | ce of Birth | |
| Father's NameFirst | Middle | Last | Religion |
| Mother's Name First | Middle | Maiden Name | Religion |
| RELIGIOUS HISTORY: What, if any, is your present r | | | |
| Have you ever been Baptized? | Yes: | No: I am | not sure: |
| If you are baptized, please ans | wer all the following | g questions completely: | |
| Date of Baptism: | R | eligion/Denomination:_ | · · · · · · · · · · · · · · · · · · · |
| Church of Baptism: | | | |
| Church Address: | | | |
| If you were baptized Catholic, | check the sacramer | its you have already reco | eived: |
| | Church, City/S | tate and Date of Sacram | ent Received: |
| Penance (Confession): | | | |
| Eucharist (First Communion | | | |
| Confirmation: | | | |

| MARITAL STA | TUS: (Please check what | applies) | |
|-----------------------|---|-------------------|---------------|
| Married: Divorced: | | | |
| Remarrie | d: | | |
| Date of Marriag | ge: | | |
| Witnessed By: | A). Catholic Minister_B). Non-Catholic MinisC). Civil OfficialD). Other | ter | |
| Place of Marria | ge: | | |
| Address: | | | |
| | | | |
| ~ pouso s 1 (uo_ | First | Middle | Last (Maiden) |
| If currently man | rried, did you have any pr | evious Marriages? | |
| | RMATION FOR | | |
| | ame | | |
| RCIA Sponsor's | s NameFirst | Middle | Last |
| | ess | | |
| | e(s) | | |
| | (optional) | | |
| | avit on file: | | |
| Received into the | ne Church (M-D-Y): | | |
| Date Sacrament | | | |
| Baptism _ | | | |
| Eucharist | | | |
| Confirma | | | |