

VISITATION OF OUR LADY PARISH
REGISTRATION FORM - RCIA 2023-2024

PLEASE PRINT NEATLY

Full Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

E-mail: _____

Date of Birth: _____ Place: _____

Father's Full Name: _____

_____ Mother's Full

Name (including Maiden Name): _____

SACRAMENTS

Baptized? Yes _____ No _____ Religion: _____

Place (Church parish) of Baptism: _____

Address: _____

City _____ State _____ Zip Code _____

Received First Holy Communion? Yes _____ No _____

Name of Church where First Communion was made: _____

Marital Status: _____

If married or previously married:

Date(s) / Place(s): _____

Name of Spouse(s): _____

Name of Church Married: _____

Type of marriage:

Sacrament of Matrimony _____ Civil ceremony _____ Other Church ceremony _____

Did previous marriage end by civil divorce?: Yes _____ No _____

Did previous marriage end by Catholic annulment?: Yes _____ No _____

Did previous marriage end by death of spouse?: Yes _____ No _____

Confirmation:

Saint's Name Selected: _____