

ST. MARK PARISH

R.C.I.A. Registration

Full Name: _____

Phone: _____ E-mail: _____

Mailing Address: _____

Birth date: _____

Are you baptized? _____ If so, Where and When? _____

Please include a copy of your baptismal certificate with this registration form.

Please answer or check the following if they apply to you:

Have you ever been married? _____ If yes, is or was your spouse Catholic? _____

___ I have never been married. ___ I married in the Catholic Church.

___ I am divorced but not remarried. ___ I am divorced and remarried.

___ I married, but not in the Catholic Church.

Have you ever belonged to any other church or religion? Please describe.

What is your main reason for coming to the RCIA at this time?

Do you have children? ___Yes ___No

If Yes:

Child's Name	Birth Date	Baptized?	First Communion?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____