

St. Michael the Archangel Catholic Church

8014 State Road 52 ♦ Hudson, Florida 34667-6763 ♦ 727-868-5276

RCIA Registration Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ Phone (Cell): _____

E-Mail Address: _____

Date of Birth: _____ City/State: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

1. Were you baptized? Yes No If yes, please complete the following:

Date (if known): _____

Name of Church: _____

Address of Church: _____

Denomination of Church: _____

2. Have you received Communion? Yes No If yes, please complete the following:

Date (if known): _____

Name of Church: _____

Denomination of Church: _____

3. Have you been Confirmed? Yes No If yes, please complete the following:

Date (if known): _____

Name of Church: _____

Denomination of Church: _____

Please continue on the reverse side.

4. Are you currently married? Yes No If yes, please complete the following:

To whom are you currently married: _____

Date of Marriage: _____

Place of Marriage: _____

Prior to this marriage, have you ever been married to another person? Yes No

If yes, please complete the following:

Date (if known): _____

Civilly In A Church (Name of Church: _____)

Has your spouse ever been married to another person in church or civilly? Yes No