

St. Michael Catholic Church RCIA Program

Parish Registration No.: _____

Name and Last Name: _____

Address: _____ GA 30 _____

Telephones: (Home) _____ (Cell) _____ (Work) _____

E-Mail: _____

Date of Birth: (Month) _____ (Day) _____ (Year) _____

Occupation: _____

Are you a registered member of St. Michael? Yes; My envelope number is: _____ No

¿How long have you been registered? _____

If less than a year, which was your previous parish? _____

Marital Status:

Single Engaged Married Divorced Widow/er

If married or engaged:

Name of spouse/fianceé: _____

Is this (or will be) a Catholic marriage? Yes; No Marriage Date: _____

Name of Church: _____; City/State of Marriage: _____

Sacraments received:

Baptism No Yes: Date & Name of Church: _____

1st Com No Yes: Date & Name of Church: _____

Confirm No Yes: Date & Name of Church: _____

How often you attend Mass? _____

How often you receive Reconciliation? _____