

DEPARTMENT OF RELIGIOUS EDUCATION

Church of St. Michael the Archangel

10 Willow Avenue

Baltimore, MD 21206

(410) 882-8120

R.C.I.A. REGISTRATION

Date: _____

Name: _____
first middle (maiden) last

Address: _____
street city State zip

Telephone: Home _____ Work _____

Email address _____

Exact Date of Birth: _____

Place of Birth: _____
place city state

Church Affiliation: _____

Religion: _____

Father's Full Name: _____

Mother's Name: _____
first maiden last

Sacrament (s) Received: (As soon as possible original certificates must be shown for verification of all sacraments).

Baptism: _____
date church city state

First Eucharist: _____

Confirmation: _____

Marriage: _____
date church city state

Full Name of Spouse: _____
first middle maiden last

Please Answer:

Are you currently married? yes _____ no _____

If yes, answer the following:

Is it your first marriage? yes _____ no _____

Has your spouse ever been married before? yes _____ no _____

Has either of you ever had an annulment? yes _____ no _____

Is either one of you divorced? yes _____ no _____

Name: _____
Last first

If either of you was married before:

Was it a civil ceremony? Yes _____ No _____

Was it a church ceremony? Yes _____ No _____

If so, what denomination? _____

If not currently married, have you previously been married? Yes _____ No _____

If yes, answer the following:

Was in a civil ceremony? Yes _____ No _____

Was it a Church ceremony? Yes _____ No _____

If so, what denomination? _____

Was there a divorce? Yes _____ No _____

An annulment? Yes _____ No _____

FOR OFFICE USE ONLY:

Sponsor/s:

Parish: _____ or

Personal: _____

Place Baptized: _____

Place Confirmed: _____

Home Parish: _____

Verification of Candidates Sacraments:

Baptism: _____

Eucharist: _____

Confirmation: _____

Marriage: _____

Is an Annulment Needed: Yes _____ No _____

Sacraments Needed:

Baptism _____ Confirmation _____ Eucharist _____

Date Sacraments Received: _____

Confirmation Name (if choosing one) _____