

ST. THOMAS MORE CATHOLIC CHURCH
RCIA REGISTRATION FORM

11822 Holmes, KCMO 64131

(816) 942-2492

DATE: _____

PERSONAL DATA

NAME: _____

FIRST

MIDDLE NAME

LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE () _____

WORK PHONE () _____

CELL PHONE () _____

E-MAIL ADDRESS: _____

MARITAL STATUS

_____ single _____ engaged _____ married _____ widowed
_____ divorced _____ widowed/remarried _____ divorced/remarried

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SPOUSE'S NAME: _____

SPOUSE'S RELIGION: _____

Have you or your spouse been married before? _____ yes _____ no

OTHER PEOPLE LIVING IN YOUR HOUSEHOLD

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ RELIGION: _____

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ RELIGION: _____

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ RELIGION: _____

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ RELIGION: _____

BAPTISMAL RECORD INFORMATION

DATE OF BIRTH: _____

Month/Date/Year

PLACE OF BIRTH: _____

City/State

BIRTH FATHER'S FULL LEGAL NAME: _____

BIRTH MOTHER'S FULL LEGAL NAME: _____

BIRTH MOTHER'S MAIDEN NAME: _____

DATE OF BAPTISM: _____

CHURCH OF BAPTISM: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE () _____ PHONE () _____

FOR OFFICE USE ONLY

SPONSOR'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE () _____

WORK PHONE () _____

CELL PHONE () _____

E-MAIL ADDRESS: _____

SPONSOR'S BIRTHDATE: _____

GODPARENT'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE () _____

WORK PHONE () _____

CELL PHONE () _____

E-MAIL ADDRESS: _____

SACRAMENTS RECEIVED

_____ **RITE OF WELCOMING**

_____ **BAPTISM**

_____ **PROFESSION OF FAITH**

_____ **CONFIRMATION**

_____ **FIRST COMMUNION**