

St Ursula Church
8801 Harford Road Parkville, MD 21234
410-665-2111
Adult Sacrament Preparation/RCIA

Are you currently attending and are you registered member of St. Ursula Parish? _____

If not where? _____

First Name: _____ Middle Name _____

Last Name: _____ Birth Date ___/___/___

City & State of Birth _____

Current Home Address: Apt & Street: _____

City: _____ Zipcode: _____

Home Phone: _____ Work: _____ Cell: _____

Email 1: _____ Email 2: _____

Father's Name & Religion: _____

Mother's Maiden Name and Religion: _____

Were you Baptized? Yes ___ No ___ Denomination of Baptism? _____

Baptism Church/Parish and Location _____

Does our Parish have your Baptism Certificate? _____ Birth Certificate? _____

If we do not already have these documents please supply them as soon as possible.

Sponsor's Name: _____ Relationship to you? _____

Sponsor's Phone Number: _____ e-mail _____

Does our Parish have the Sponsor Certificate? _____

