

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

First Name: _____ Middle Name _____

Last Name: _____ Birth Date & Place ___/___/____, _____

Address: 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? _____

Does our Parish have the Sponsor Certificate? _____

Are you: Single? ___ Engaged? ___ Married? ___ First Marriage? ___ Never Married? ___

If married was it in a Catholic Church, other church or civil? _____

Married before? _____ Divorced? _____ Divorced and have received an annulment? _____

Please list full names of the members of your immediate family and their religion:

Spouse: _____ Religion: _____

Child 1: _____ Religion: _____

Child 2: _____ Religion: _____

Child 3: _____ Religion: _____

Child 4: _____ Religion: _____

Child 5: _____ Religion: _____

Comments:
