

Registration Form

Date:			
First Name:	Middle Name:	Last Name:	
Address:			
City:		Zip Code:	
Phone:			
Occupation:			
	Place of Birth (City, State):		
Name of Birth Parents/Guardians:			
Mother's Maiden Name:			

Sacraments

Were you ever baptized? \Box Y \Box N If yes, which denomination?
Name & Address of Church of Baptism:
Please supply a copy of your Baptismal certificate or letter from church of baptism.
Have you previously received instruction in the Catholic faith? 🛛 Y 🖓 🖓 N
If yes, when and where?
Present religion or denomination (if any):
Past religions or denomination (if any):
If Catholic, which sacraments have you received?
Penance (Confession/Reconciliation) 🗆 Y 🗆 N
Eucharist (Holy Communion) 🗆 Y 🗆 N
Confirmation 🗆 Y 🗆 N
Marital Status
□ Single □ Engaged □ Married □ Separated □ Divorced

Annulled by Catholic Church	Petition fo	r Annulment in Process	
If you're currently engaged, is your fiancé:	□ Catholic	□ Baptized Non-Catholic	□ Non-Baptized
Are you currently living with your fiancé or significant	other? 🗆 Y		

Your Current Marriage (If Married) Date of Marriage (MM/DD/YY):					
Where were you married?					
Catholic marriage?					
Name of Presiding Minister or Official:					
Minister's Denomination or Religion:					
Your current spouse is: 🛛 🗆 Catholic 🗖 Baptized Non-Catholic 🗖 Non-Baptized					
Was your spouse previously married? 🛛 Y 🔲 N					
Was each marriage annulled by the Catholic Church? \Box Y \Box N					
Your Previous Marriage(s)					
Date and Location:					
Name of Presiding Minister or Official:					
Minister's Denomination or Religion:					
Your former spouse was: 🛛 Catholic 🗆 Baptized Non-Catholic 🗖 Non-Baptized					
Was your former spouse previously married? 🛛 Y 🔲 N					
Was each marriage annulled by the Catholic Church? \Box Y \Box N					
Date and Location:					
Name of Presiding Minister or Official:					
Minister's Denomination or Religion:					
Your former spouse was: 🛛 Catholic 🗆 Baptized Non-Catholic 🗖 Non-Baptized					
Was your former spouse previously married? 🗆 Y 🗖 N					
Was each marriage annulled by the Catholic Church? \Box Y \Box N					
Your Current Spouse's Previous Marriage(s)					
Date and Location:					
Name of Presiding Minister or Official:					
Minister's Denomination or Religion:					
His/her former spouse was: 🛛 Catholic 🗆 Baptized Non-Catholic 🗆 Non-Baptized					
Was his/her former spouse previously married? 🛛 Y 🔲 N					
Was each marriage annulled by the Catholic Church? \Box Y \Box N					
Date and Location:					
Name of Presiding Minister or Official:					
Minister's Denomination or Religion:					
His/her former spouse was: 🛛 Catholic 🗆 Baptized Non-Catholic 🗆 Non-Baptized					
Was his/her former spouse previously married? 🛛 Y 🔲 N					
Was each marriage annulled by the Catholic Church? \Box Y \Box N					