

ST. MARTIN DE PORRES CATHOLIC CHURCH RCIA Registration

Full Name: _____
Last First Middle

Mailing Address: _____
City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Best time to reach you: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____

Have you ever been baptized before? Yes NO

If 'yes', please give name and denomination of the church:

Address of the Church where baptized: _____

Date of Baptism: _____

Name of Godparents or sponsors: _____

What other Sacraments have you received? _____

Date of Reception: _____

Name of the church where you received these sacraments: _____

