

ST. ROBERT BELLARMINE CATHOLIC CHURCH

Registration for Inquirers

Date _____ 20____

Name _____

First

Middle (not initial)

Last

Phone _____ (cell) _____ email _____

Address _____

_____ Zip _____

Date of birth _____

Month

Day

Year

City & State of Birth _____

Father's Name _____ Religion _____

Mother's Name _____ (use first and maiden name)

Religion _____

Part 2 Baptism Information

Have you been baptized? Yes No

If yes, Church: _____

City and State _____

Date _____

Religion _____

Part 3 IF YOU ARE OR WERE MARRIED (if not, skip to next section)

Spouse's Name _____ Religion _____

If you are a woman: maiden name _____

Date of Marriage _____

Church (or other place) of Marriage _____

City and State of Marriage _____

Are you divorced? Yes No Separated? Yes No

Have you or your spouse been married previously? Yes No

Have you any children? Yes No

Names and ages _____ Baptized? Yes No

_____ Baptized? Yes No

_____ **Baptized?** Yes No

Part 4

What brought you to this parish at this time? _____

Why are you looking into the Catholic Church at this time?

_____ I have decided to become a Catholic.

_____ I am thinking about becoming a Catholic.

_____ I am just looking to see what the Catholic Church has to offer.

_____ I have questions to ask of the Catholic Church.

_____ I am a Catholic and have been away from the Church and would like to come back.

_____ I am a Catholic and want to receive the sacrament of Confirmation.

_____ Other _____

Is there anything else about yourself that we should know about at this time?
