

**SAINT MICHAEL'S CHURCH**  
**CHRISTIAN INITIATION PROGRAM REGISTRATION**

Date \_\_\_\_\_

St. Michael's Parish community welcomes you and greets you in Christ Jesus. Please answer the following questions. This information enables us to help you prepare for the celebration of the Sacraments or inquiry into the Catholic Faith. All information will be kept confidential for parish records.

**1. Biographical Information (PRINT) e-mail \_\_\_\_\_**

LEGAL NAME \_\_\_\_\_ MAIDEN \_\_\_\_\_

FIRST LAST

ADDRESS \_\_\_\_\_ PHONE(H) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE (W) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

City State

FATHER'S NAME: \_\_\_\_\_

First Last

MOTHER'S NAME: \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

First Last

**2. Baptismal Information** (The Catholic Church accepts Baptism of most other Christian churches, provided that it is baptism with water in the name of the Father, Son and Holy Spirit.)

BAPTISM DATE: \_\_\_\_\_ DENOMINATION: \_\_\_\_\_ or NOT BAPTIZED \_\_\_\_\_

CHURCH NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

City State

Please obtain a copy of your baptismal certificate.

If Catholic list other Sacraments received: \_\_\_\_\_ DATE(S): \_\_\_\_\_

What are your expectations? \_\_\_\_\_

(1-To become a Catholic, 2-information only)

How often do you attend Mass? regularly ( ) beginning ( ) other ( )

SPONSOR/GODPARENT: \_\_\_\_\_ SAINT'S NAME: \_\_\_\_\_

**3. Marriage Information** (In order to receive the sacraments, a couple must be married in accordance with Church guidelines.)

A. Those who have a civil marriage must have their marriage convalidated in the Church.

B. Those who had a civil or Church marriage, divorced and remarried, must have their previous marriage annulled.

NOT MARRIED \_\_\_\_\_ NO PRIOR MARRIAGES \_\_\_\_\_ CURRENTLY MARRIED \_\_\_\_\_

NAME SPOUSE/FIANCE: \_\_\_\_\_

First Last (Maiden)

SPOUSE'S RELIGION: \_\_\_\_\_

CURRENTLY MARRIED? YES ( ) NO ( ) CHURCH \_\_\_\_\_ OR CIVIL MARRIAGE \_\_\_\_\_

MARRIAGE DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WERE YOU MARRIED PREVIOUSLY? YES ( ) NO ( ) YOUR SPOUSE? YES ( ) NO ( )  
IF YES, IS YOUR FORMER SPOUSE(S) STILL LIVING? YES ( ) NO ( )  
IF PREVIOUSLY MARRIED, PLEASE LIST STATISTICS.

If a former spouse of you or your current spouse is still living, the current marriage must be validated, before reception into the Catholic Church. Numerous circumstances are involved in this process, please inquire.

Annulment Pending? \_\_\_\_\_ COMPLETED? \_\_\_\_\_ Marriage Blessing \_\_\_\_\_

Priest/Deacon handling marriage process \_\_\_\_\_

DATE: papers submitted to Diocesan Marriage Tribunal \_\_\_\_\_

DATE \_\_\_\_\_ CASE NO. \_\_\_\_\_

First Marriage Date \_\_\_\_\_ Denomination \_\_\_\_\_

Spouse still living? Yes ( ) No ( )

Other Marriages:

Date \_\_\_\_\_ Denomination \_\_\_\_\_

Spouse still living? Yes ( ) No ( )

Date \_\_\_\_\_ Denomination \_\_\_\_\_

Spouse still living? Yes ( ) No ( )

4. CHILDREN:

Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Baptism date \_\_\_\_\_ Registered Rel. Ed.? \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Baptism date \_\_\_\_\_ Registered Rel. Ed.? \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Baptism date \_\_\_\_\_ Registered Rel. Ed.? \_\_\_\_\_

Please provide a copy of your baptismal certificate that is less than 6 months old.

Return this form to: Attention – RCIA  
St. Michael's Church, 15546 Pomerado Rd., Poway, CA 92064, 858-487-4755.