St. Michael's Church RCIA Enro	ollment Date:
1. Name:	
2. Age: 3. Date of Birth:	Where?
4. Contact Information:	
Cell Phone:	Other Phone:
Email Address:	
Address:	
<ol> <li>Parents' names (if the interested p the interested parishioner is 18 years parent(s)' home or is under parental of</li> </ol>	
Mother:	Religion:
Father:	Religion:
6. Are you a <b>registered</b> parishioner o	f St. Michael's Church? (Y or N):
lf yes, name under which you are regi	stered:
7. Are you currently attending Mass a	t St. Michael's or at any other parish?
(Y or N):	

8. You have received which of these Sacraments?		
<b>Baptism</b> (Y or N): Date:		
Where? (church and city):		
(Please provide a copy of your baptism certificate as soon as possible.)		
Reconciliation (Y or N) Date:		
Where? (church and city):		
Eucharist (Y or N): Date:	_	
Where? (church and city):		
9. Are you presently married? (Y or N)		
10. Were you ever married (civil marriage, church marriage or otherwise? (Y or N):		
11. List any relatives or friends who are St. Michael's parishioners?		
12. Questions, comments, or any other information you	ı'd like to share?	