

Please fill out one form per person

**Personal Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ [ ] cell \_\_\_\_\_ [ ] Home

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City, State): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name (with maiden name): \_\_\_\_\_

---

**Sacramental Information**

- Baptism: Were you baptized? (Y/N)

If yes—Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church Address: \_\_\_\_\_

- First Communion: Have you received your First Communion? (Y/N)

If yes—Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Date of First Communion: \_\_\_\_\_ Church Address: \_\_\_\_\_

- Confirmation: Have you been confirmed? (Y/N)

If yes—Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Church Address: \_\_\_\_\_

---

**Marriage Information**

- Marital Status: [ ] Single [ ] Engaged [ ] Married [ ] Divorced [ ] Separated [ ] Widowed

If Married: Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Religion: \_\_\_\_\_

Was your Marriage officiated by a Catholic Priest or Deacon? (Y/N)

Have you or your spouse ever been previously married to another person in church, civilly, or in common law? Yourself: (Y/N) Spouse: (Y/N)