

## Adult Faith Formation Registration Information Sheet Church Christ the King – West Warwick

Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_

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Your date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Are you presently registered in any church/parish?      Yes [ ]      No [ ]

If yes, where: \_\_\_\_\_

Denomination: (Catholic, Protestant, Baptist, etc.) \_\_\_\_\_

Were you ever baptized?      Yes [ ]      No [ ]

If yes, into what church \_\_\_\_\_

Place: \_\_\_\_\_

Date: (if known) \_\_\_\_\_

Did you receive Communion in the Catholic Church?      Yes [ ]      No [ ]

Family history:

Father's name: \_\_\_\_\_

Mother's: name (Maiden Name) \_\_\_\_\_

Personal history:

Marital status:      Single [ ]      Married [ ]

If married, spouses name: \_\_\_\_\_

Civil marriage [ ]    Catholic Church marriage [ ]    Other [ ]

Date and place of marriage: \_\_\_\_\_

\_\_\_\_\_