

OUR LADY OF MOUNT CARMEL PARISH
322 CHESTNUT STREET
DUNMORE, PA 18512
RCIA Registration Form

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Date & Place of Birth: _____

Father's Name: _____

Mother's First & Maiden Name: _____

Wife/Husband First & Maiden Name: _____

Church & Date of Marriage: _____

Were you or your current spouse ever involved in a prior marriage: _____

Sacraments You Have Received:

Baptism: Yes No

First Holy Communion: Yes No

Confirmation: Yes No

**A CERTIFICATE IS REQUIRED FOR THE SACRAMENT/
SACRAMENTS YOU HAVE RECEIVED.**

Confirmation Name: _____

Sponsor: _____