



# OUR LADY OF GUADALUPE CHURCH

1003 North 6th Street • Carrizo Springs, Texas 78834  
Tel. (830) 876-2239 • Fax (830) 876-5023 • email: ologuadalupe@sbcglobal.net

## ADULT FAITH FORMATION REGISTRATION FORM

Last Name (on your Birth Certificate): \_\_\_\_\_ First Name(s): \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Mailing Name (ie. Mr./Mrs. John Doe): \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Age: \_\_\_\_\_  
 Marital status (Single/married/common law/separated/divorce): \_\_\_\_\_

### Sacramental Information

#### Baptism

Have you been baptized? \_\_\_\_\_ If Yes, please provide the certificate: \_\_\_\_\_  
 Baptized Catholic or other denomination? \_\_\_\_\_  
 Name of the Church: \_\_\_\_\_ Location: \_\_\_\_\_

#### First Communion

Have you received the sacrament of First Communion? \_\_\_\_\_ If Yes, please provide the certificate: \_\_\_\_\_  
 Name of the Church: \_\_\_\_\_ Location: \_\_\_\_\_

#### Confirmation

Have you been confirmed? \_\_\_\_\_ If Yes, please provide the certificate: \_\_\_\_\_  
 Name of the Church: \_\_\_\_\_ Location: \_\_\_\_\_

#### Matrimony

Have you married? \_\_\_\_\_ If Yes, please provide the certificate: \_\_\_\_\_  
 Name of your Spouse: \_\_\_\_\_  
 Married by the Church or/and the civil law? \_\_\_\_\_  
 Name of the Church: \_\_\_\_\_ Location: \_\_\_\_\_

Notations: \_\_\_\_\_  
 \_\_\_\_\_

Registrar: \_\_\_\_\_ Registration Date: \_\_\_\_\_ Registration Fee: \_\_\_\_\_