

**OUR MOTHER OF MERCY CATHOLIC CHURCH
RCIA REGISTRATION FORM**

Full Name			
Preferred Name			
Sex:	Female	Male	Date of Birth:
Address:			
City:			Zip Code
Email:			
Phone:	Home:	Cell:	Work:
	No, I have not been baptized.		
	Yes, I have been baptized. When?_____ Where?_____		
Marital Status	Married	Separated	Widowed Divorced
	Single(never married)		
Preferred Language:	English	Spanish	Other
	Emergency Contact Information Who may we contact in case of an emergency		
Name:			
Contact number:			
Relationship to you:			
Sign and Date:			

Return this form to the Church Office by Mail: Our Mother of Mercy Catholic Church 1005 East Terrell Avenue, Fort Worth, TX 76104. By email: ourmother@omomftworth.org. In person - Place in the mail drop located in front of Parish Life Center located at 1005 East Terrell Avenue, Fort Worth, TX 76104.

