

**ST. THOMAS MORE CATHOLIC CHURCH  
510 BAYSHORE DRIVE  
PENSACOLA, FLORIDA 32507**

**REGISTRATION FOR RCIA  
2009-2010**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **ALTERNATE PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DATE, CHURCH NAME, ADDRESS, AND DATE OF ANY SACRAMENTS THAT YOU  
HAVE RECEIVED:**

**BAPTISM DATE:** \_\_\_\_\_

**CHURCH NAME AND ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**FIRST COMMUNION:** \_\_\_\_\_

**CHURCH NAME AND ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CONFIRMATION:** \_\_\_\_\_

**CHURCH NAME AND ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

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**Please return this form to the Parish Office. If you have any questions please call the Office  
at 456-2543. Fax # 455-5203 THANK YOU.**