

OCIA
SAINT ELIZABETH CATHOLIC CHURCH
916 Maple Street, Bonham, Texas 75418

Registration Form 2026 ~ 2027

Names: _____

Date of birth: _____ Age: _____

Phone: (_____) _____

Address: _____
Street _____ City _____ State _____ Zip-code _____

E-mail: _____

Occupation: _____ Educational Level: _____

Select one of the following that applies for you:

1. Faith

a. *I am considering converting to the Catholic Faith* _____

b. *I would like to receive the Sacrament(s) of:*

i. *Baptism:* _____

ii. *Confirmation:* _____

iii. *First Communion:* _____

2. *I am:*

a. *Single:* _____

b. *Engaged:* _____

c. *Married:* _____ *by:* _____

1. *Catholic Church:* _____

2. *Civil Law:* _____

3. *Other Faith:* _____ *Which?* _____

4. *Common Law:* _____

d. *Divorced:* _____

i. *Divorced & remarried* _____

ii. *Divorced & not remarried* _____

e. *Widow:* _____

f. *Cohabitating:* _____

Signature _____

Date: _____