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### Inquiring about Catholic Faith

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone/Cell phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Religion** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Support person** \_\_\_\_\_

I would like to learn more about the Catholic Faith.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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Please complete this form and forward it back to [lofatimaparish@gmail.com](mailto:lofatimaparish@gmail.com) or drop it to the office.