

ST. ANN CATHOLIC CHURCH

Sr. Margarita Gomez / Mrs. Veronica Matias

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**RITE OF CHRISTIAN INITIATION FOR ADULTS
REGISTRATION FORM**

Program Donation \$50.00 per person. This will cover all materials. Meetings on Wednesday from 6:30 PM to 8:00 PM. Attendance is required. Place: Ministry Room (in the Garage). Date: _____

Name _____ Middle Name: _____ Last Name: _____

If married woman, maiden name: _____

Date of Birth: / / (Month/Date/Year). Age: _____

Place of Birth (city, state): _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

I. CONTACT INFORMATION

Address _____

Street:

City:

State:

*Home Phone: _____ Cell Phone: _____ Occupation: _____

*Email address: _____

II. RELIGIOUS HISTORY

1. What, if any, is your present religious affiliation? _____
2. Have you ever been baptized? Yes ___ No ___
 - a. In what denomination were you baptized? _____
 - b. Date: / / (Mont/Date/Year). _____
 - c. Baptismal name if different from your current name _____
 - d. Place of Baptism: _____

Please provide a copy of your baptismal certificate
3. What sacraments have you received? Penance ___ Eucharist (First Communion) ___ Confirmation ___
4. What church do you presently attend? (city/state) _____
5. What members here at ST Ann parish do you know? _____
6. What do you like most about St Ann parish? _____

III. CURRENT MARITAL STATUS

I have never married ___ I am engaged to be married ___ Married in the Church ___ Civil Marriage: ___

Cohabiting ___ Divorced ___ Separated ___

If married, Name of Spouse _____

(Include spouse's maiden name)

Name of Church _____

Date of Marriage: / / . (Month/Date/Year)

Do you have children?

<u>Child's Name(s)</u>	<u>Date of Birth</u>	<u>Baptism Date</u>	<u>Baptism Place</u>
A. _____	/ /	/ /	_____
B. _____	/ /	/ /	_____
C. _____	/ /	/ /	_____
D. _____	/ /	/ /	_____
E. _____	/ /	/ /	_____

IV. QUESTIONNAIRE

1. What or who has led you to want to know more about the Catholic Faith?

2. Please describe the type of religious education you have received as a child and as an adult.

3. What contact have you had with the Catholic Church to date?

4. What are some of the questions or concerns you have about the Catholic Church?

At this point in time, which of the following statements best describes your present feelings and thoughts about joining the Catholic Church? Please circle one.

- A. I need much more information about the Catholic Church before I would consider joining.
- B. I am considering joining but I am still unsure about it.
- C. I am fairly sure that I would like to join, but still need some time to study and pray about it.
- D. I am fairly sure that I want to join the Catholic Church.

I attest to the facts/information given are correct and in harmony with the Catholic faith intentions.

Date: __/__/____(Month /Date/Year)

Applicant's Signature