

**ST. ANN CATHOLIC CHURCH**

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

Program Donation \$50.00 per person. This will cover all materials to be covered in the class. Meetings are on Wednesdays from 7:00 PM to 8:30 PM. Attendance is required. Meetings will take place in the Ministry Room, located in the Garage. The program will start on September 1, 2021.

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

Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

If married woman, give maiden name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (Month/Date/Year) Age: \_\_\_\_\_

Place of Birth (city, state, country): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_

**I. CONTACT INFORMATION**

Address: \_\_\_\_\_  
Street City State Zip Code

\*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. Church of Baptism: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, & Country: \_\_\_\_\_

**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 \_\_\_ I am married in the Church \_\_\_ Civil Marriage \_\_\_  
Cohabiting \_\_\_ Divorced \_\_\_ Separated \_\_\_

If married, Name of Spouse \_\_\_\_\_

(Include spouse's maiden name)

Name of Church \_\_\_\_\_ Address \_\_\_\_\_

Date of Marriage: \_\_\_/\_\_\_/\_\_\_ (Month/Date/Year)

Do you have children? Yes \_\_\_ No \_\_\_

<u>Children's Names</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 up 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 \_\_\_\_\_