

ST. ANN CATHOLIC CHURCH

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

Date: ___/___/___

Program Donation \$60.00 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.

For Office Use: Saint Name: _____ Sponsor’s Name: _____

Sponsor is Catholic with all 3 Sacraments? _____ Home parish of Sponsor? _____

Name: _____ Middle Name: _____ Last Name: _____

If married woman, give 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 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? Baptism ___ 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 all that applies.

- 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 good Catholic faith intentions. _____

Date: ___/___/___ (Month /Date/Year) Applicant's Signature _____