

Saint Philip the Apostle Catholic Church

RCIA Registration and Information

PLEASE PRINT CLEARLY

Name: _____ Date of Birth _____

Address: _____ Zip: _____

Day phone: _____ Night phone: _____ Cell: _____

Email address _____

I am enrolling in RCIA because: (please check all that apply – add any reasons not listed under other).

- I want to become Catholic.
- I have never been Baptized
- I need First Holy Communion
- I need to be Confirmed

- I want to be married in the Church.
- I want to learn more about the Catholic Faith
- Other: _____

- Spouse's name: _____. Is he/she a baptized Catholic? YES NO
- If no, has he/she been baptized in another faith? YES NO. What faith? _____
- Have you been baptized? YES NO.
- As a Catholic? YES NO -
 - If NO, in what faith? _____
 - If YES, Parish Name _____, City _____, State _____
- Do you know a practicing Catholic in good standing with the Church who would be willing to sponsor you? YES NO.
- If yes what is their name? _____
- Address: _____
- Day phone _____ Night phone _____ email _____
- Are you willing and able to attend RCIA classes **EVERY Thursday** evening from 7:00 p.m. until 8:45 p.m. **from now through May of next year?** YES NO.
- Are you willing and able to attend Mass at Saint Philip the Apostle Catholic Church **EVERY** weekend? YES NO
- Are you a registered member of Saint Philip's? YES NO
- Are you married? YES NO. Have you been married before? YES NO.
- Has your spouse or fiancée/fiancé been married before? YES NO.
- Have you or your fiancée / fiancé applied for a Decree of Nullity? YES NO.
- Please list children living with you: (use the reverse of this form if needed)

Name	Age	Baptized Yes or No	If yes – year & church

Signed: _____ Date: _____