

*Saint Philip the Apostle Catholic Church*  
**RCIA SPONSOR** Registration and Information

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone: \_\_\_\_\_ Night phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address \_\_\_\_\_

- Are you a Baptized Catholic?  **YES**  **NO**
- Have you received the *Sacraments of Holy Communion and Confirmation*?  **YES**  **NO**
- Do you receive Communion regularly?  **YES**  **NO** – How often? \_\_\_\_\_
- Are you married?  **YES**  **NO**
- Were you or are you now married in the Church?  **YES**  **NO**
- Spouse's name: \_\_\_\_\_. Is he/she a baptized Catholic?  **YES**  **NO**
- Are you willing and able to attend RCIA classes EVERY THURSDAY evening from 7:00 p.m. until 8:45 p.m. **with your candidate from now through May of next year?**  **YES**  **NO.**
- Are you willing and able to attend Mass with your candidate at Saint Philip the Apostle Catholic Church EVERY weekend?  **YES**  **NO**
- Are you a registered member of Saint Philip's?  **YES**  **NO**

I would like to sponsor –  
(candidate/catechumen name) \_\_\_\_\_

I will sponsor whomever you need for me to.

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