

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).

- | | |
|--|--|
| <input type="checkbox"/> I want to become Catholic. | <input type="checkbox"/> I want to be married in the Church. |
| <input type="checkbox"/> I have never been Baptized | <input type="checkbox"/> I want to learn more about the Catholic Faith |
| <input type="checkbox"/> I need First Holy Communion | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I need to be Confirmed | |

- 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
- Have you been baptized? YES NO. As a Catholic? YES NO
- If **NO**, in what faith? _____.
- If **YES**, Parish Name _____, City _____, State _____

MARITAL INFORMATION

- Are you currently married? YES NO.
- If **YES** – Was your current marriage preformed in the Catholic Church?
- Have you had a previous marriage? YES NO. Was that marriage in the Church?

SPOUSAL INFORMATION

- 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? _____
- Has your spouse or fiancée/fiancé been married before? YES NO.

- **Have you or your husband / fiancée / fiancé applied for a Decree of Nullity?** YES NO

Please list any children living with you: (use the reverse of this form if needed)

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

POTENTIAL SPONSOR INFORMATION

- Do you know a registered member of St. Philip's Parish who is a practicing Catholic in good standing with the Church who would be willing to sponsor you? YES NO.
- If yes what is their name? _____.
- Sponsor address: _____,
- Sponsor day phone _____ Night phone _____ email _____

Registrant's Signature: _____ Date: _____