

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 registered member of Saint Philip's? **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 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 then or are you now married in the Church? **YES** **NO**
- Have you had a previous marriage? **YES** **NO**. Was that marriage in the Church? **YES** **NO**
- Have you or your husband / fiancée / fiancé ever applied for a Decree of Nullity? **YES** **NO**
- Spouse's name: _____. Is he/she a baptized Catholic? **YES** **NO**

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

I will sponsor whomever the Holy Spirit leads me to.

Signed: _____ Date: _____