ST. ANN CATHOLIC CHURCH

Sr. Margarita Gomez OCIA Coordinator gomezclaretian@gmail.com

RITE OF CHRISTIAN INITIATION FOR ADULTS
REGISTRATION FORM

Program Donation $100.00 per person. This will cover all materials to be covered in the class. Meetings are on Wednesdays from 6:30 PM to 8:00 PM. Attendance is required. Place: Ministry Room, located in the Garag

Date:

For Office Use: Saint Name _____ Sponsor Name: _____

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

Name _____Middle Name: _____ Last Name: _____

If married woman, 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 & Counrry _____

   Please provide a copy of your baptismal certificate. Or provide a copy of your birth certificate
3. What sacraments have you received? Baptism ___ Penance ___ Eucharist (First Communion) ___ Confirmation ___
4. What church do you attend at present? (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

Current status? ☐ Married ☐ Not Married

If married, was your marriage in the Catholic Church? ☐ Yes ☐ No

If not married, are you cohabitating? ☐ Yes ☐ No

Do you have children? Yes ___ No ___

Child's Name(s)	Date of Birth	Baptism Date	Baptism Place
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 receive as a child and as an adult.

   _____

   _____

3. What contact have you had with the Catholic Church 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 one.

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 the Catholic faith's intentions. Date: ___/__/_____(Month /Date/Year) Applicant's Signature _____