



ADULT FAITH FORMATION REGISTRATION FORM

Please neatly fill out the form if you are interested in RCIA or Adult Confirmation and provide a copy of your birth certificate.

First & Middle Name: _____ Last Name: _____
 Maiden Name: _____ Mother's Full Maiden Name: _____
 Father's Full Name: _____
 Street Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell: _____ Email: _____
 Occupation: _____ Date of Birth: _____ Place of Birth: _____

BAPTISMAL STATUS

Have you been baptized, immersed, or sprinkled in any religion rite? Yes No
 If so, what denomination: _____ Baptism Date: _____
 Church Name: _____ Church Address: _____

FIRST COMMUNION

Have you received First Communion? Yes No
 Parish of First Communion: _____ First Communion Date: _____
 Church Name: _____ Full Name of Sponsor: _____
 Church Address: _____

CONFIRMATION

Have you been confirmed in the Catholic Church? Yes No

MARITAL STATUS

Never Married Presently Married Widow/er Divorced Engaged Separated
 Full Name of Spouse or Intended: _____
 Where Married (Location/Church Name): _____
 Date of Marriage: _____ Spouse or Intended Baptized? Yes No
 Church of Baptism: _____
 Previous Marital Status of Spouse/Intended: Never Married Widow/er Divorced
 Number of Previous Marriages: _____ Name of Former Spouse: _____
 Former Spouse Baptized Catholic? Yes No
 If yes, provide name & address of church: _____
 Marriage Date: _____ Place of Marriage: _____ Officiant: _____
 Date of final divorce, civil or ecclesiastical annulment: _____

I AFFIRM THAT ALL THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

FOR OFFICE USE ONLY Birth Certificate \$50 Class Donation Received On: _____ By: _____
OTHER: Adult Confirmation Marriage Convalidation
RCIA Catechumen Needs: Baptism/Eucharist/Confirmation **Candidate Needs:** POF Eucharist Confirmation