

St. Roman & St. Charles Borromeo
Collaborative Catholic Youth Formation Program 2020-2021
Rite of Christian Initiation for Adults (RCIA)
Registration Form

St. Roman Parish
1710 W. Bolivar Ave.
Milwaukee, WI 53221

St. Charles Borromeo
5571 S. Marilyn St.
Milwaukee, WI 53221

Parish member of: St. Charles Borromeo St. Roman Other: _____ **Date:** _____

GENERAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____ Please check one: Male Female

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Date of Birth: _____ Place of Employment: _____

Preferred Language: English Spanish Other: _____

Father's Full Name: _____ Father's Religion: _____

Mother's Full Name: _____ Mother's Religion: _____

RELIGIOUS BACKGROUND INFORMATION

Baptism: Yes No 1st Communion: Yes No Reconciliation: Yes No

Godparent(s) of Baptism: _____

GODPARENT(S) INFORMATION IF SEEKING BAPTISM, COMMUNION & CONFIRMATION (Catechumen)

(Sponsor must be 16+, Confirmed, and a practicing Catholic)

Godparent Full Name: _____

Godparent Full Name: _____

SPONSOR INFORMATION IF SEEKING CONFIRMATION ONLY (Adult Confirmation)

(Sponsors must be 16+, Confirmed, and a practicing Catholic)

Sponsor Full Name: _____

Candidate Confirmation Name: _____



MARITAL STATUS INFORMATION

MARRIED SEPARATED DIVORCED SINGLE WIDOWED

Spouse's First Name: _____ Middle: _____ Last: _____

Spouse's Religion: _____ Place of Marriage: _____

Date of Marriage: _____ City & State of Marriage: _____

Have either you or your spouse previously been married? Yes No

ENGAGED TO MARRY

Intended Spouse First Name: _____ Middle: _____ Last: _____

Intended Spouse Religion: _____ Place of Wedding: _____

Date of Wedding: _____ City & State of Wedding: _____

Have either you or your intended spouse previously been married? Yes No

ADDITIONAL NOTE:

- A non-refundable deposit of \$25.00 per adult is due upon registration. Please make check payable to St. Roman Parish.
- A Baptismal Certificate must be on file with the CYF office by September (if applicable to you)

RCIA PROGRAM FEES

Per Adult _____ \$50.00

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Student Name: _____ Date: _____

RCIA Candidate: Yes No _____ Date: _____

Sacrament Needed: Baptism Communion Reconciliation Confirmation _____ Date: _____

Copy of Baptismal Certificate on file at CYF office: _____ Date: _____

AMOUNT REC'D	CASH/CHECK	DATE	BALANCE