

**St. Roman Catholic Parish
(RCIA) Rite of Christian Initiation for Adults
Registration Form 2018-2019**

Member at St. Roman Parish: Yes _____ No _____ Envelope # _____

GENERAL INFORMATION

Full Name: _____
 First Middle Last (Maiden)

Address: _____ City _____ Zip Code: _____

Date of Birth: _____ City & State of Birth: _____

Home Phone: _____ Cell Phone _____

Place of Employment: _____

Email: _____

Father's Full Name: _____
 First Middle Last

Mother's Full Name: _____
 First Middle Last (Maiden)

Father's Religion: _____ Mother's Religion: _____

MARITAL STATUS INFORMATION

SINGLE MARRIED DIVORCED SEPARATED WIDOWED

Spouse Full Name: _____
 First Middle Last (Maiden)

Spouse's Religion: _____ Place of Marriage: _____

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

Has either you or your spouse ever been in a previous marriage? Yes No

ENGAGED TO MARRY

Full Name: _____
 First Middle Last (Maiden)

Religion of intended spouse: _____

Place of Proposed Marriage (church, courthouse etc): _____

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

Has either you or your intended spouse ever been in a previous marriage? Yes No

RELIGIOUS BACKGROUND INFORMATION

Are you baptized? Yes No

In what denomination: _____

Date of baptism: _____

Place of baptism: _____

Godparent(s) Names

Full Name: _____
First Middle Last (Maiden)

Full Name: _____
First Middle Last (Maiden)

RELIGIOUS FORMATION INFORMATION

How much formal religious instruction did you receive...

*As a child?

*As a youth?

*As an adult?

Describe your religious upbringing as a child: church attendance, family prayers, bible study. Etc..

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

(Sponsors must be at least 18, Confirmed and practicing Catholic)

Male Godparent Name: _____

Female Godparent Name: _____

Address: _____

Phone: _____ Email: _____

SPONSOR INFORMATION IF SEEKING ONLY CONFIRMATION (Adult Confirmation)

(Sponsors must be at least 18, Confirmed and practicing Catholic)

Sponsor Name: _____

Address: _____

Phone: _____ Email: _____

Candidate Confirmation Name: _____



Over for fees

Program 2018-2019 Fees

Per Adult	Parishioners
Book Fee	\$40.00

FOR OFFICE USE ONLY

AMOUNT REC'D	CASH/CHECK	DATE	BALANCE