

Religious Education Office

1170 S Broadway #215 Escondido, CA 92025 (760) 745-1611 www.stmaryp.org

REGISTRATION FORM FOR THE RITES OF CHRISTIAN INITIATION FOR ADULTS

Classes are scheduled on Wednesday, 7:00 pm to 8:30 pm in the Catechumenate Room

Student's name:					
Address:					
Address:Number	Street	City	State	Zip Code	
Age: DOB:	Place of 1	Birth:			
(Years Old) Month/D	ay/Year	City	y, State, Country		
Cell Phone:	Email:				
Are you Civilly Married? Y	ES NO M	Sarried by the Catholic	c Church? YE	ES NO	
Please note: if you are livin the sacraments until ready Counselor, please write down	to marry by the Cath wn the Deacon or Pri	nolic Church. If you a est's name and the to	are already t entative date	alking with a Marriage for marriage:	
		Date for marriage:			
Church:	City	City:		State:	
Emergency Contact:	Name	Phone:		Relationship:	
Sponsor's Name/Godparen				*****	
F	OR RELIGIOUS ED	UCATION OFFICE	USE ONLY		
Envelope #	DATE	PAYMENT	R	RECEIPT #	
\$80 Adult/RCIA					
Consuments Needel D. C.		wien George			
Sacraments Needed: Baptis				<u></u>	
Copies provided: Birth Cert	iticateBaptis	mCommunic	on		
Adult Student Signature:			Date:		