



**St. Philip Neri
Catholic Church**
A SPIRIT OF CARING AND GIVING

St. Philip Neri Catholic Community
RCIA Program
Registration Form Candidate only

Please **Print** Full Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

Email _____

Birthdate _____

Place of Birth (city & state) _____

Mother's Name _____ Maiden _____

Father's Name _____

* **Have you been Baptized?** ____ yes ____ no Date of Baptism: _____

PLEASE GIVE US A COPY OF YOUR BAPTISM CERTIFICATE IF YOU HAVE ONE

If yes.... *Baptized Religion? _____

*Name of church _____

*City _____ State _____

If not Catholic Baptism, can you describe the way you were baptized, or the way in which people are normally baptized in your church? Who was there, what was done, what was said?

If you are Catholic which Sacrament(s) are you missing?

_____ **First Communion** _____ **Confirmation**

Briefly describe your attendance at church services over the past few years. (which church, how often you attended)

SPONSOR:

Do you have someone who will act as your sponsor?

_____ No, please find a sponsor for me (that's OK, we will talk more about that as we go on)

_____ Yes, the person listed below

Name of RCIA sponsor _____

Address _____

Parish _____

Phone (home) _____ (cell) _____

Email _____

Date of First Inquiry: _____

Have you been attending a Catholic Church regularly? For how long? _____

What have you learned about the Catholic Church so far?

Are you married? _____ Is this your first marriage? _____

If not, tell us how you were married, who presided, who was there, what was done:

Is this your spouse's first marriage? _____