

St. Thomas the Apostle Catholic Church

ADULT RCIA REGISTRATION FORM

3774 Jackson St. Riverside, CA 92503 951.689.113 ext. 233

Personal Information

Date:		
First Name:	Middle Name:	
Last Name:	Maiden Last Name:	
Email Address:	Phone Number:	
Current Street address:		
City:	State:	Zip Code:
Date of Birth:		
Place of birth city/state:		

Relationship Status

<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married in the Catholic Church <input type="checkbox"/> Married Civilly <input type="checkbox"/> Living in a "free union" relationship <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed.	
Number of previous marriages:	Number of times divorced:
If married civilly are you open having your marriage blessed (con-validated) in the Catholic church?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If married through the Catholic Church. You will need to provide your Catholic marriage certificate.	

Baptism information.

I have never been baptized.

*If you were baptized outside of the Catholic church please provide the following information.

Baptism
Date of baptism:
Church of Baptism:
Baptism Street address, City, State, and zip code:
Father's Full Name:
Mother's Full name (include maiden name.):

Sponsor (godparent)

First Name:	Last Name:
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*You will need to provide your Sponsor's confirmation certificate and if married their Catholic Marriage Certificate (not their marriage license)

Remind App Authorization

I give permission for the Coordinator at St. Thomas the Apostle to send me an Invitation to download the "Remind app". For first Holy Communion and *or* adult Confirmation class. The app is used to communicate changes, reminders, Important updates, etc. If you decide to NOT download the app you will be responsible for maintaining communication with the coordinator via email.

I agree to use the Remind app: <input type="checkbox"/>	I do NOT agree to use the Remind app: <input type="checkbox"/>
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Emergency Contact Information

First Name:	Last Name:
Phone Number:	Address:
Relationship to you:	