

CATHEDRAL CHAPEL *of* ST. VIBIANA

ROMAN CATHOLIC CHURCH SINCE 1927

"Like living stones, let yourselves be built into a spiritual house..." (1Peter 1:5)

ADULT FORMATION REGISTRATION FORM RCIA 2017-2018

Information in this form is held in confidence and is not shared without your permission.

Please print clearly

Today's date _____

ADULT CANDIDATE'S INFORMATION

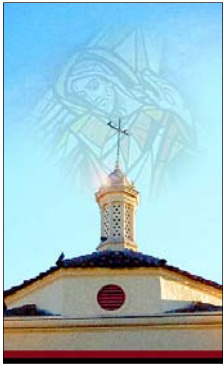
LAST NAME:		FIRST NAME:		MIDDLE:	
MAIDEN NAME: (If applicable)					
Date of Birth:				Age:	
Place of Birth: (include locality (town, city, county, etc), region (state, province, etc.), and country)					
Father's Name:			Mother's Name: (Indicate Maiden Name)		
CONTACT INFORMATION					
Full Mailing Address:					
Home Phone:		Cell Phone:		Work:	
Email:			Occupation:		
Emergency Contact's Name:				Relationship:	
Emergency Contact's Phone/Cell No:					

Please continue to next page.

Church: 923 S. La Brea Avenue, Los Angeles, CA 90036

Parish Office/Mailing Address: 926 S. Detroit Street, Los Angeles, CA 90036

Tel: (323) 930-5976 † Fax: (323) 935-7308 † Email: parish@cathedralchapel.org † cathedralchapel.org



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RELIGIOUS HISTORY

Have you ever been baptized? Yes No I am not sure *(If Yes, please provide copies)*

If your answer is Yes to above question, please provide the following information:

In what denomination where you baptized?

Date or approximate age when you were baptized:

Place of Baptism: *(name of church/denomination)*

Address:

SACRAMENTS RECEIVED

If you were baptized as a Catholic, check those Sacraments you have already received.

FIRST COMMUNION

Date Received:

Parish Name:

Parish Address:

Baptism Certificate Received? Yes No *(If yes, please provide copies)*

Parish Staff to check here if received.

CONFIRMATION

Date Received:

Parish Name:

Parish Address:

Confirmation Certificate Received? Yes No *(If yes, please provide copies)*

Parish Staff to check here if received.

CURRENT MARITAL STATUS

I have never been married.

I am married.

If this is checked please fill in below.

Your Spouse's Name:

Your Spouse's Current Religious Affiliation (if any):

For You: This is my 1st marriage. I have been married before.

For Your Spouse:

This my spouse's 1st marriage.

My spouse has been married before.

I am married but separated from my spouse.

I am a widow/widower and have not remarried since my spouse's death.

I am engaged to be married.

If this is checked please fill in below.

Your Fiancé's Name:

Your Fiancé's Current Religious Affiliation (if any):

For You: This is my 1st marriage. I have been married before.

For Your Fiancé:

This is her 1st marriage.

My fiancé has been married before.

I am divorced and have not remarried.

Please complete the remaining items on the next page of this form.

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Please answer:

1. What circumstances led you to call and come to RCIA?		
2. Which areas in your life do you feel good about?		
3. Which areas, events, experiences, and relationships were not too great? Please describe.		
4. Is this your own decision or are there other influences?		
Candidate's Signature:		Date:
Sponsor's Name: <i>*Sponsors are required to fill out a Godparent Commitment form (please see next page).</i>		
FOR OFFICE USE ONLY:		
RCIA FEE: \$175 <i>*Fee includes program, materials and retreat fee in Mar. 2018.</i>		Full Payment Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount paid: \$
Form of payment: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash		Check # Date:
Fee Balance: \$	Fee Balance: \$	Fee Balance: \$
Recorded in Parish Book:	Volume No.	Page No.
Certificate Issue Date:	<input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up	<input type="checkbox"/> Notification sent to church Date sent:
Parish Staff to sign this box when certificate/notification has been issued:		V.7242017 CCSV