

# REGISTRATION FOR RCIA CLASSES

## CHURCH OF THE LITTLE FLOWER CATHOLIC CHURCH

### RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA) Registration 2014-2015

#### I. PERSONAL DATA

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Mailing Address City ZIP

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of Birth: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name (include Maiden Name): \_\_\_\_\_

Do you have children? \_\_\_\_ If "yes," how many? \_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

#### II. RELIGIOUS HISTORY

Are you baptized? Yes\* \_\_\_\_ No \_\_\_\_\_. If yes, date of baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*\* Please provide a copy of the registrant's baptismal certificate for our records on the first day of class.*

If baptized, in which denomination?: \_\_\_\_\_

Name of church of baptism: \_\_\_\_\_

Address of church of baptism City State ZIP Code: \_\_\_\_\_

Have you received your First Communion? Yes\* \_\_\_\_ No \_\_\_\_\_. If yes, date you received your First Communion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*\* Please provide a copy of your First Communion certificate for our records on the first day of class.*

Name of church where you received your First Communion: \_\_\_\_\_

Address of church where you received your First Communion: \_\_\_\_\_

### III. MARITAL STATUS

#### A. CATECHUMEN/CANDIDATE

Please check all that apply:

\_\_\_\_ Single \_\_\_\_ Engaged \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

If Married please state:

*\* If married, please provide a copy of wedding certificate for our records on the first day of class.*

Type of Wedding: \_\_\_\_ Civil \_\_\_\_ Catholic \_\_\_\_ other Christian

Name of church of wedding: \_\_\_\_\_

Address of church of wedding City State ZIP Code: \_\_\_\_\_

#### B. CATECHUMEN'S/CANDIDATE 'S PRIOR MARRIAGE (S)

Is this your first marriage? \_\_\_\_ Yes \_\_\_\_ No. If no, please list all prior marriages:

Name of Prior Spouse: \_\_\_\_\_

Date of Prior Marriage (s): \_\_\_\_\_

Place of Prior Marriage (s): \_\_\_\_\_

Type of Wedding: \_\_\_\_ Civil \_\_\_\_ Catholic \_\_\_\_ other Christian

#### C. CATECHUMEN'S/CANDIDATE 'S SPOUSE

\_\_\_\_\_  
Spouse's Last Name      First Name      Middle Name

\_\_\_\_\_  
Spouse Mailing Address City ZIP

Spouse Home Phone: \_\_\_\_\_

Spouse Work Phone: \_\_\_\_\_

Spouse Cell phone: \_\_\_\_\_

Spouse E-mail Address: \_\_\_\_\_

Spouse's Religion: \_\_\_\_\_

#### D. CATECHUMEN'S/CANDIDATE 'S FIANCE

If Engaged please state:

\_\_\_\_\_  
Fiancé's Last Name      First Name      Middle Name

\_\_\_\_\_  
Fiancé's Mailing Address City ZIP

Fiancé's Home Phone: \_\_\_\_\_

Fiancé's Work Phone:\_\_\_\_\_

Fiancé's Cell phone:\_\_\_\_\_

Fiancé's E-mail Address:\_\_\_\_\_

Fiancé's Religion:\_\_\_\_\_

Scheduled Date of Wedding:\_\_\_\_\_

Name of Church where the wedding will be celebrated:\_\_\_\_\_

#### **E. CATECHUMEN'S/CANDIDATE 'S SPOUSE/FIANCE PRIOR MARRIAGES**

If this is not your spouse/fiancé's first marriage please list all prior marriages of your spouse/fiancé:

Name of Spouse/Fiancé's Prior Spouse (s):\_\_\_\_\_

Date Spouse/Fiancé's Prior Marriage :\_\_\_\_\_

Place Spouse/Fiancé's Prior Marriage:\_\_\_\_\_

Type of Wedding of Spouse/Fiancé's Prior Marriage: \_\_\_\_ Civil \_\_\_\_ Catholic \_\_\_\_ other Christian

#### **F. ANNULMENTS**

If divorced and remarried, are you or your spouse presently involved in the annulment process? \_\_\_\_ Yes \_\_\_\_ No.

Please list the name and contact information for your Advocate.

Name:\_\_\_\_\_ Address:\_\_\_\_\_

Phone:\_\_\_\_\_ E-Mail:\_\_\_\_\_

If divorced and remarried, do you have an annulment? \_\_\_\_ Yes \_\_\_\_ No.

#### **IV. SPONSOR**

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Mailing Address City ZIP

Home Phone:\_\_\_\_\_

Work Phone:\_\_\_\_\_

Cell phone:\_\_\_\_\_

E-mail Address:\_\_\_\_\_

Sacraments Received by Sponsor: \_\_\_\_ Baptism \_\_\_\_ Confirmation \_\_\_\_ Communion

**V. COMMENTS. (Please add any comment that you feel is relevant to your application).**

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**VI. GENERAL INSTRUCTIONS**

1. Catechumen/Candidate Documents: Please provide along with this Application, your Baptismal certificate, First Communion certificate and Marriage certificate. The suggested donation, if you are able, is \$75.00. Checks should be made payable to the Church of the Little Flower. Please add in the check's memo: "RCIA".
2. Sponsor Requirements: Sponsors must have received the three sacraments of initiation: Baptism, Confirmation and Eucharist and be living a life consistent with faith and with the responsibility of a godparent, be members of the Catholic Church and canonically free to carry their office.
3. Sponsor's Documents: Please provide along with this Application, your Sponsor's Baptismal certificate, First Communion, Confirmation and certificates. The suggested donation, if you are able, is \$75.00. Checks should be made payable to the Church of the Little Flower. Please add in the check's memo: "RCIA".
4. Catechumen/Candidate Prior Marriage: Generally, Catechumen (non-baptized) and Candidates (previously baptized seeking full Communion and Confirmation) who divorced and are presently re-married without obtaining a formal decree of nullity on the prior marriage(s) (either their own, or their spouses) by the Church may not receive any of the Church's sacraments of initiation (Baptism, Confirmation and Communion). If that is your situation please address it with Father Michael Davis or his designee during your initial interview.
5. Initial Interview with Pastor or Pastor's Designee: All Catechumens and Candidates must meet with and have their application for enrollment in the RCIA Program reviewed and approved by Father Michael Davis or his designee before or shortly after classes begin. Please call the Parish Center at (305) 446- 9950 for an appointment. Please bring a copy of your completed application with you to your meeting.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

The completed application with the documents listed below, as applicable, may be sent by e-mail to DEACON ROBERTO F. FLEITAS, [fleitasr@fleitasbujanlaw.com](mailto:fleitasr@fleitasbujanlaw.com) or mailed or delivered to the Parish Center.

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**ENROLLMENT APPROVAL**

\_\_\_\_\_, (Name of Catechumen/Candidate) is approved to enroll in the Rite of Christian Initiation for Adults classes at the Church of the Little Flower for the 2014-15 program.

Signature of Priest \_\_\_\_\_

Print Name of Priest: \_\_\_\_\_

Date: \_\_\_\_\_