

# Initiation Registration

2009-2010

*For Office Use Only:*

Ck/cash # \_\_\_\_\_ Amount Paid \_\_\_\_\_

Releases received:

\_\_\_\_\_ Media \_\_\_\_\_ Baptism Cert Rec'd

\_\_\_\_\_ Medical \_\_\_\_\_ Annulment Needed

\_\_\_\_\_ Safe Environment \_\_\_\_\_ Interview Completed

**W**elcome to Catholic Initiation  
at St. Lawrence Church

*This is a family program. Participation by both parents and children will be required.*

*This program has a limited number of openings and will be closed for the year when full.*

*Cost is \$75.00/student. (There is no cost for adults or for more than 3 children in one family)*

*Media, medical and safe environment releases must also be completed for participants under 19.*

## Household Information

### FAMILY INFORMATION

*(Please print)*

TODAY'S DATE \_\_\_\_\_

Family Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Unpublished? Y N

Street Address \_\_\_\_\_ Subdivision \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Family Email Address \_\_\_\_\_

### MEMBER INFORMATION

*(Please fill in completely for each family member. If you are single, fill in Head of Household)*

Member First Name	Middle	(Maiden)	Name called by	Gender	Birth Date
Head of Household				M F	
Spouse				M F	

First Language	Occupation	Employer	Work Phone	Cell Phone
Head of Household				
Spouse				

## CHILDREN INFORMATION (& OTHERS IN HOUSEHOLD)

(Give last name if different from family name)

First Name	Middle	(Last)	Name called by	Gender	Birthdate	School	Grade
1				M F			
2				M F			
3				M F			
4				M F			
5				M F			
6				M F			

## RELIGIOUS AND SACRAMENTAL HISTORY

(Please indicate yes or not for Sacraments and give approximate dates)

First Name	Religion*	Marital Status**	Marriage Date	Baptism	Confirmation	Communion
Head of Household						
Spouse						
1						
2						
3						
4						
5						
6						

\*RELIGION: 1. Catholic 2. Baptist 3. Methodist 4. Lutheran 5. Episcopalian  
6. Presbyterian 7. Church of God 8. Assemblies of God 9. Jewish  
10. Muslim 11. Hindu 12. Other \_\_\_\_\_

\*\*MARITAL STATUS: 1. Married 2. Single 3. Separated  
4. Divorced 5. Widowed

Name/Address/Phone of emergency contact not living with you:

Name/City/State of previous parish:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Initiation Participant's Information

Please check the appropriate box and complete this form for the participant in the Initiation program.

Adult (RCIA)

Child (RCIC)

Participant's Full Legal Name \_\_\_\_\_

Name preference for badge and roll \_\_\_\_\_

Participant's medical concerns or special needs \_\_\_\_\_

City & State/Country of Participant's Birth \_\_\_\_\_

Has participant ever been **baptized**?      Yes      No      Date \_\_\_\_\_

Where \_\_\_\_\_  
*(Church Name)*      *(City & State/County)*

Has participant made **First Communion** in the Catholic Church?      Yes      No

Has participant received **Confirmation** in the Catholic Church?      Yes      No

*Complete for adult participant or for child participant's parents:*

If engaged, fiancé's name \_\_\_\_\_

Date & place wedding is planned \_\_\_\_\_

If married, were you **married in the Catholic Church**?      Yes      No

Where \_\_\_\_\_  
*(Church Name)*      *(City & State/County)*

Has spouse ever been **baptized**?      Yes      No      Date \_\_\_\_\_

Where \_\_\_\_\_  
*(Church Name)*      *(City & State/County)*

Has spouse made **First Communion** in the Catholic Church?      Yes      No

Has spouse received **Confirmation** in the Catholic Church?      Yes      No

Is this a first marriage for male?      Yes      No      Is this a first marriage for female?      Yes

If not, has an annulment been applied for?      Yes      No      Granted?      Yes      No

If so, when and where? \_\_\_\_\_

**PARTICIPANT'S BACKGROUND**

What language other than English does participant speak? \_\_\_\_\_

What are participant's hobbies or interests? \_\_\_\_\_

How would you describe the participant's personality? \_\_\_\_\_

Are there any family or personal issues that we need to be aware of? \_\_\_\_\_

Describe any previous religious or faith formation that participant may have had? \_\_\_\_\_

How would you describe the family's faith at this time in your life? (active, inactive, beginning stages, returning, etc.) \_\_\_\_\_

What are your reasons for wanting to (or have your child) celebrate the Sacraments? \_\_\_\_\_

What are your expectations for this time of sacramental preparation?

For participant? \_\_\_\_\_

If not participant, for you? \_\_\_\_\_

Are you attending Mass at St. Lawrence?      Yes    No

If so, how long? \_\_\_\_\_      Which Mass? \_\_\_\_\_

What ministries or activities are you involved in at St. Lawrence? \_\_\_\_\_

What parishioners at St. Lawrence do you already know? \_\_\_\_\_

*I agree to allow the adult participant's name and photograph to be publicly displayed.  
The information on this application is correct to the best of my knowledge.*

*Signed,* \_\_\_\_\_