

# St Andrews R.C.I.A Registration

Allergies/Med: \_\_\_\_\_

Name of Student: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Are you married by Civil Court? YES/ NO

Are you married by Church? YES/ NO

If not married, are you living a significant other? YES/ NO

\*Home address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ \*Best Phone#: \_\_\_\_\_

What Sacraments are needed? (Circle needed) Baptism Holy Eucharist Confirmation

Are you coming just for educational purposes and not sacraments? YES / NO

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

## Sacramental History

Below fill out the accurate information and attach a copy of the certificate to your registration.

### Baptism

Church:

\_\_\_\_\_

City, State:

\_\_\_\_\_

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

### First Communion

Church:

\_\_\_\_\_

City, State:

\_\_\_\_\_

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

*When registration is received, you will be emailed a schedule of the classes and location along with other important information*

By signing below, you agree that the information provided is accurate and are accepting to follow the program to the fullest extent.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date