



RCIA

Rite of Christian Initiation of Adults

ST. BARTHOLOMEW PARISH

59 Heather Road

Scarborough, ON M1S 2E2

ARCHDIOCESE OF TORONTO

REGISTRATION FORM

The R.C.I.A. program is a Journey of Faith
for non-Roman Catholic Adults,
who are seeking better understanding of what the
Roman Catholic Church teaches
with the goal to becoming Roman Catholics
and for Roman Catholics,
who want to renew their faith and improve
their understanding of what the teachings are of the
Roman Catholic Church.

The journey starts with its first session on the Thursday night after Labor Day in September and finishes on Pentecost Sunday approximately twenty months later. During the later stages of the program candidates will be required to attend Mass and instructions on Sunday morning. Anyone who wishes to participate is required to make a real and honest commitment to the journey.

NAME: _____
First Initials Family/Surname

ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

TELEPHONE: HOME () _____ CELLPHONE: () _____

Date of Birth: _____ Registration Date: _____ Email: _____

Place of Birth: _____
Town/City Province/Country

Father's Name: _____
First Initials Family/Surname Religion

Mother's Maiden Name: _____
First Initials Family/Surname Religion

WERE YOU BAPTIZED? _____ NAME OF CHURCH: _____
(Present Baptismal Certificate)

ADDRESS OF CHURCH *(Where you were Baptized)*: _____

Denomination/Religion: _____

Are you presently:

- Single Engaged Common Law Widowed
 Living Together Married Annulled* Divorced* Separated*

*(*Present appropriate documents)*

IF MARRIED:

Spouse's Name: _____
First Initials Family/Surname

Spouse's Religion: _____

Date & Place of Marriage: _____
(Date, Name of Church, City/Town & Country)

Is this your first Marriage? _____ Is this your spouse's first marriage? _____
(Documentation may be required)

IF YOU HAVE CHILDREN, PLEASE STATE THEIR NAMES:

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>BAPTIZED</u>	<u>RELIGION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF ANNULLED, DIVORCED OR SEPARATED and/or YOUR HUSBAND IS OF ANOTHER FAITH:

Does your spouse object to you becoming a Catholic? _____

Would your spouse object to you practicing your faith once you are Catholic or would he object bringing your child(ren) up in the Catholic Faith? _____

DO YOUR CHILDREN ATTEND CATHOLIC SCHOOLS? _____

Paid registration fee of \$50.00 _____ Date: _____ (Fee includes price of Catechism, Bible and Binder)
MM DD YY

INTERVIEWED BY PASTOR/DEACON: DATE: _____ APPROVED: _____

PASTOR/DEACON'S COMMENTS:

YOUR SPONSORS NAME: _____

(NOTE: YOUR SPONSOR MUST BE A PRACTICING ROMAN CATHOLIC, PREFERABLY A MEMBER OF ST. BARTHOLOMEW PARISH)

GODPARENT (1): NAME: _____

ADDRESS: _____

TEL. #: _____

GODPARENT (2): NAME: _____

ADDRESS: _____

TEL. #: _____

(NOTE: GODPARENTS MUST BE PRACTICING ROMAN CATHOLICS)

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PLEASE NOTE THAT THE INFORMATION YOU GIVE IN THIS FORM WILL BE TREATED AS STRICTLY CONFIDENTIAL.

FOR USE BY PARISH/R.C.I.A. ONLY:

Baptismal certificate presented: _____ Date: _____

Other requested documentation presented: _____ Date: _____

Description of forms:

RITE OF ACCEPTANCE IN THE CATECHUMENATE:

_____ YES _____ Date

_____ No, Reason: _____

RITE OF ELECTION:

_____ YES _____ Date

_____ No, Reason: _____

BAPTIZED:

_____ YES _____ Date

_____ No, Reason: _____

CONFIRMED:

_____ YES _____ Date

_____ No, Reason: _____

EUCHARIST:

_____ YES _____ Date

_____ No, Reason: _____

FORMALLY ACCEPTED INTO CATHOLIC CHURCH:

_____ YES _____ Date

_____ No, Reason: _____