



PRINCE OF PEACE CATHOLIC PARISH
12800 NW 6 Street, Miami. Fla 33182
Phone number: (305)559-3171
Fax: (305)559-3172

RELIGIOUS EDUCATION FOR ADULTS. -RCIA

Date: _____ **Day:** Thursday **Time:** 8:00 pm. **Donation:** \$50.00

Name: _____ Age: ___ Class: Eng _____ Spa. _____
 Date of birth: _____ Place (town, city, country): _____
 Address: _____ Zip Code: _____
 Phone#: Home: _____ Work: _____ Celular: _____
 E-mail: _____ Occupation: _____

Father's name: _____
 Mother's name /maiden name: _____

Have you received adult religious education before: Yes: _____ No: _____
 Have you participated in the RCIA program before: Yes _____ No: _____

Are you baptized in the catholic faith: Yes _____ No _____
 Church's name: _____
 (Town, City, Country)

God-parents' names: _____

Baptized in another religion: Which one? _____
(no baptized, you must bring a copy of the birth certificate)
(baptized, you must bring a copy of your baptismal certificate)
 Have you received your First Communion? Yes ___ No ___ Where: _____
 Confirmation: Yes ___ No: _____

Sponsor for Confirmation: Name: _____
 Address and phone# _____

(sponsors must be active catholics and must have received all sacraments(baptism, communion and confirmation) Parents can not be sponsors. (Canon law# 874)

Marital Status:
 Single: _____ Married: _____ Divorced: _____ Widowed: _____
 Spouse name: _____
 Have you been married before? Yes: _____ No _____
 Married in the Catholic Church? Yes _____ No _____
 Where: (church's name and address) _____

in another religion? Yes ___ No ___ Which one _____
 Civilly married? Yes _____ No _____

Mass attendance:
 Weekly: _____ Sometimes: _____ Never: _____

Office use: Baptismal certificate: Yes ___ No ___ Birth certificate: Yes ___ No ___
Recorded: Yes ___ No ___ Notification: _____