St. Julia Catholic Church – Faith Formation
Order of Christian Initiation for Adults – English 1st Years
2025-2026, Saturday, 5:00-6:30 PM

Please fill out one form for <u>each person</u> registered in the program.

Name: _____

Address: _____
(street) (city) (state) (zip code)

Telephone: _____
(home) (office) (cellular)

DOB: _____ Place of Birth: _____
(city) (state)

Have you been baptized? (Y/N): ____ If so, where? _____
(church) (city) (state)

Student's email address: _____

If baptized in the Catholic Church, what sacraments have you received?
First Communion? (Y/N): _____ Confirmation? (Y/N): _____ Marriage? (Y/N): _____
Are you a registered member of a church at this time? (Y/N): _____
If so, name of the church and city. _____
Have you received religious education at St. Julia or elsewhere? (Y/N): _____
Have you been active in your previous church? (Y/N) _____ If yes, in what capacity? _____
Father's name: _____ Mother's name: _____

Why are you signing up for this program? Please mark one.
____ I want to receive the Sacraments of: Baptism/First Communion/Confirmation (circle)
____ I am curious about the Catholic Church and what it teaches.
____ I am considering converting to Catholicism.
____ I want to convert to Catholicism.
____ Other reason. What is it? _____
Do you know a parishioner of Saint Julia? (Y/N): _____ Name: _____

The following questions are for those who are married or have been married or are in preparation for marriage.

Present Marital Status: Married Single (circle)

Were you married by: ____ a Catholic Priest? ____ Minister of another denomination, if so name of denomination _____ ____ Civil Marriage ____ Common Law
If you have children, how many? ____ What are their ages? _____
Husband/Wife's name: _____ Religion of husband/wife: _____
Is it your first marriage? (Y/N): ____ Is it your spouse's first marriage? (Y/N): _____
Are you married at this time? (Y/N): ____ If no, how did your marriage end? _____Death
_____ Divorce _____ Separation _____ Civil Annulment
____ Annulment by the Catholic Church. Date that marriage was terminated: _____

****

_____Original Birth Certificate Received **_____Original Baptism Certificate Received**
_____Need Baptism **_____Original First Communion Certificate Received**
_____Sponsor Form **_____Saint Name Form**
Office Use Only: Date received: _____By_____ Amount Paid: $80.00 Receipt #: _____