

St. Catherine of Siena Catholic Church Faith Formation Registration Form

Programs: OCIA and Adult Confirmation

Email completed form to Kellie De Leo, Director of Faith Formation at kdeleo@stcathchurch.org or call (949) 494-9701 x8535.

GENERAL INFORMATION: *please type or print clearly*

Complete Legal Name: _____
First Middle Last

Cell Phone #: _____ Email: _____

Address: _____

City, State, Zip: _____

Occupation/Place of Employment: _____

Date of Birth: _____ Age: _____ Place of Birth: _____
City and State

What are the circumstances that have led you to inquire about the Catholic Faith and/or to pursue completion of the Sacraments in the Catholic Church at this time? _____

FAMILY INFORMATION:

Father's Name: _____

Mother's Name: _____ Mother's Maiden Name: _____

Do you have children: Yes No If yes, list Name(s), Age(s) and indicate if they are baptized:

I am registered at _____ I'm not registered
Church Name City/State

I attend Mass at _____ I don't attend Mass
Church Name City/State

SACRAMENTAL INFORMATION: **Please submit a copy of the certificate for any sacrament(s) received.**

1. I have received the Sacrament of Baptism. Yes No

If yes, list: _____
Religion-Denomination Church Year of Baptism

2. I have received the Sacrament of Holy Eucharist as a Roman Catholic. Yes No

3. I have received the Sacrament of Reconciliation (Confession) as a Roman Catholic. Yes No

4. I have received the Sacrament of Confirmation as a Roman Catholic. Yes No

MARITAL STATUS:

Single Engaged Married Divorced Widowed Divorced & Remarried

If Engaged: Anticipated Wedding Date: _____ Fiancee's Name/Religion _____

If Married: Married by a: Priest Minister Rabbi Justice (civil)
Spouse's Name: _____ Spouse's Religion: _____

Have you been previously married? Yes No

Has your spouse been previously married? Yes No