

ST. KATHARINE DREXEL CATHOLIC CHURCH
P.O. Box 268477, Weston, FL 33326 * (954) 389-1219 * (954)389-1228 (fax)

**DEPARTMENT OF RELIGIOUS EDUCATION
ADULT RELIGIOUS FORMATION
REGISTRATION FORM**

Please answer ALL the questions:

FULL NAME: _____ **DATE:** _____
HOME ADDRESS: _____ **HOME PHONE:** _____
_____ **CELL PHONE:** _____
E-MAIL: _____ **WORK PHONE:** _____

DATE OF BIRTH: _____ AGE: ____ CITY/STATE/COUNTRY OF BIRTH: _____
ARE YOU CATHOLIC? _____ REGISTERED AT ST. KATHARINE DREXEL? _____
IF NOT CATHOLIC, CURRENT RELIGION _____
CHURCH CURRENTLY ATTENDING: _____

HAVE YOU BEEN BAPTIZED?: ____ DATE: _____ IN THE ROMAN CATHOLIC CHURCH? ____
(Please attach a copy of your Baptism Certificate or proof of your Baptism)
FATHER'S FULL NAME: _____
MOTHER'S FULL MAIDEN NAME: _____
NAME OF THE CHURCH WHERE YOU WERE BAPTIZED: _____
FULL ADDRESS OF CHURCH: _____

BAPTIZED IN ANOTHER DENOMINATION? ____ NAME OF DENOMINATION: _____

IF BAPTIZED CATHOLIC, HAVE YOU RECEIVED ANY OF THE FOLLOWING SACRAMENTS?
RECONCILIATION (CONFESSION) ____ FIRST COMMUNION ____ DATE: _____

CURRENT MARITAL STATUS: NEVER MARRIED ____ IN FIRST MARRIAGE ____ SEPARATED ____
DIVORCED ____ (IF YES) HAS YOUR MARRIAGE BEEN ANNULLED _____
IN WHAT DIOCESE? _____

IF MARRIED, ARE YOU MARRIED TO A CATHOLIC? ____ OR NON-CATHOLIC ____
SPOUSE'S NAME: _____ SPOUSE'S RELIGION: _____

ARE YOU REMARRIED AFTER DIVORCE ____ OR REMARRIED AFTER DEATH OF SPOUSE ____ OR WIDOWED ____
IF CURRENTLY MARRIED, WAS THE CEREMONY: CATHOLIC ____ CIVIL ____ MILITARY ____
OR OTHER _____

NAME OF CHURCH/DENOMINATION MARRIED IN: _____
ADDRESS OF CHURCH: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.



If you have been previously married, please fill out this section:

Name: _____

Previous marriage was: Religious : _____ Civil: _____ Military: _____

If religious, in what denomination? _____ Name of Church: _____

Address of Church: _____ State: _____ Zip Code: _____

If a Catholic marriage, have you received an annulment? _____ Date: _____

Diocese: _____

If Civil/Military, where was the marriage held? _____

Administered by: _____ Comments: _____

If your spouse has been previously married, please complete this section:

Spouse's Name: _____

Previous marriage was: Religious: _____ Civil _____ Military _____

If religious, in what denomination? _____ Name of Church: _____

Address of Church: _____ State: _____ Zip Code: _____

If a Catholic marriage, have they received an annulment? _____ Date: _____

Diocese: _____ Comments: _____

If Civil/Military:

Where was marriage held? _____ Administered by: _____

**God Parent #1 for Baptism/
Or Sponsor for Confirmation**

Name: _____

Phone: _____

Address: _____

Church Attending: _____

God Parent #2 for Baptism

Name: _____

Phone: _____

Address: _____

Church Attending; _____

Note: To serve as a God Parent or Sponsor for Baptism and/or Confirmation the individual must be Baptized, Confirmed, received Holy Communion and practicing his/her Catholic faith regularly. If married, marriage must have been performed in a Catholic ceremony.