

The Catholic Center at USF

13005 N 50th Street
Tampa, FL 33617-1022
(813) 988-3727
www.catholicusf.org

R.C.I.A. REGISTRATION FORM

Please print or type

Name: _____ Age: _____

Address: _____

Phone Number: _____

e-mail address: _____

Father's Full Name: _____

Mother's First Name & Maiden Name: _____

Date of Birth: _____ City/State of Birth: _____

Church of Baptism: _____

City: _____

Date of Baptism: _____

You must obtain a copy of your Baptismal Record

Confirmation (Saint's) Name: _____

Sponsor: _____

* * * * *

Are you married now? _____

Have you ever been married before? _____

Class time preference: Mon Tue Wed Thurs Sun

A.M. P.M.

(Check all that apply)