

HOLY GHOST CHURCH
2026-2027 Registration form for Religious Education

ADULT RCIA

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➡ Student would like to take the class in: ☐ English ☐ Spanish

Name of Student: _____
First Middle Last

Place of Work: _____
And/Or

Name of School if Attending: _____ Age: _____

Sacraments you have received: ☐ Baptism ☐ Marriage (In the Catholic Church)

Marital Status: ☐ Married in the Catholic Church ☐ Married Civilly ☐ Widowed
☐ Separated ☐ Divorced ☐ Living Together ☐ Single

Is your family registered at Holy Ghost? ☐ Yes ☐ No Envelope #: _____

Address: _____ Zip Code: _____

Cell Phone #: _____ Texting: ☐ Yes ☐ No

E-Mail Address: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Church of Baptism: _____

Address of Church of Baptism: _____

Name of Mother: _____ Religion: _____

Sacraments received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation
☐ Marriage (In the Catholic Church)

Name of Father: _____ Religion: _____

Sacraments received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation
☐ Marriage (In the Catholic Church)

In Case of Emergency Please Contact: _____

Relationship to you: _____ Phone #: _____

Name of Saint for your Confirmation: _____
(If you do not know yet, it is a good idea to start researching saints)

Name of Sponsor: _____
(You only need one person to be your Sponsor)

Please list any allergies, chronic conditions, illnesses or special needs that you have:

Holy Ghost Church may take and use photos of me during class, retreats, and other events. These photos may be used in various publications of the Archdiocese, which includes the church bulletin board:

Yes _____
Signature

No _____
Signature

Registration Fee (Must be paid at the time of registration)

\$80 per student

**A copy of the Birth Certificate must be turned in with the registration form
And the Baptism Certificate if you are Baptized**

Office Use Only

Amount Received: \$ _____

☐ Cash ☐ Check ☐ Money Order ☐ myEoffering:

Birth Certificate: ☐ Yes ☐ No

Receipt #: _____

Baptism Certificate: ☐ Yes ☐ No

Date Received: _____