

STA ADULT FAITH FORMATION PROGRAM
REGISTRATION FORM

Date: _____

CANDIDATE INFORMATION *(Please print.)*

LAS Name: _____ First Name: _____

Male ☐ Female ☐ Birth Date: _____ Birth Place: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please list some of your talents and your occupation: _____

Fathers Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Godparent's Name: _____ Religion: _____

Godparent's Name: _____ Religion: _____

Were you adopted: Yes No

Were you baptized previously or under emergency conditions: Yes No

Are you registered at St. Thomas Aquinas? Yes No

If Yes, include Parish envelope: _____

Payment Information Registration

Total: 100.00 ☐

Paid by

Check # / No. de Cheque: _____

Cash / Efectivo ☐ CC / Tarjeta de crédito ☐

STA Website payment Date: _____

STA sitio de Web día del pago: _____

All fees must be paid upon registration



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What Sacraments do you need:

Baptism: Yes No

If Baptized, Date of Baptism: _____

Name of church and city and state: _____

First Holy Communion: Yes No

If you had First Holy Communion please provide, Date: _____

Name of church, city and state: _____

Confirmation: Yes No

If you had Confirmation, please provide date: _____

Name of Church, city and state: _____

Are you Married: Yes No **Please Circle:** Church Civil

Single: Yes No

Divorced: Yes No

For Office Use Only

Amount Paid \$ _____

Balance Due: \$ _____

Receipt #: _____

Raffle Tickets # _____

Raffle Tickets Collected \$ _____

Check: ☐ **C.C/ Debit:** ☐ **Cash:** ☐

Receipt #: _____



EMERGENCY CONTACT INFORMATION

In case of emergency please contact number(s) below

Doctor(s) Name: _____ Telephone: _____

(1) Contact Name: _____ Relationship: _____

Phone _____

(2) Contact Name: _____ Relationship: _____

Phone _____

The Adult Faith Formation Program is important in your spiritual development. Since classes only meet for 1.45 hours on Sundays, September through May, maintaining good attendance is very important. A commitment of you to this program is necessary to ensure that you accept as much as possible and understands the importance of your Catholic faith.

_____ I understand that during preparation for sacraments, my attendance is essential. No more than 3 unexcused absences per school year are allowed.

_____ I will attend Mass on a regular basis.

_____ I will attend the mandatory sacramental preparation meetings.

Please list areas of your faith in which you need improvement...

Are there any special/family circumstances regarding the reception of your sacraments that we should be aware of ? ☐ Yes ☐ No If yes, please explain.

Signature

Date

*** A copy of Baptismal & Eucharist certificates must accompany registration form. ***

**** All fees must be paid upon registration ****



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