

# St. Stephen Deacon & Martyr Parish

## Application for Adult Sacramental Preparation 2020 – 2021

**RCIA- Adult**

Student's Full Name:

\_\_\_\_\_  
Last First Middle Home Phone #

Father's Name:

\_\_\_\_\_  
Last First Middle Cell Phone # Work Ph. #

Mother's Name:

\_\_\_\_\_  
Last First Middle Cell Phone # Work Ph. #

Home Mailing Address

\_\_\_\_\_  
Street City State Zip 799 E-mail Address

Emergency Contact: Full Name Phone # Relationship

*Catechumen (Non-Baptized) must provide copy of Birth Certificate\*at time of registration*

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year City State

*Catechumen (Baptized) must provide copy of Baptismal Certificate\*at time of registration*

BAPTISM DATE: \_\_\_/\_\_\_/\_\_\_ CHURCH: \_\_\_\_\_  
Month Day Year Name Mailing Address City, State Zip Code

Are you currently living with anyone? \_\_\_Yes \_\_\_No If yes, how long have you been living together? \_\_\_\_\_

Are you currently married? \_\_\_Yes \_\_\_No

If yes, are you married by the Catholic Church? \_\_\_Yes \_\_\_No

Are you preparing to be married in the Catholic Church? \_\_\_Yes \_\_\_No If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

*Applicant must provide picture ID in addition to birth/baptismal certificate at time of registration \* Other documentation may be required in order to verify name change.*

*To register, please email the following to [rfststephen@gmail.com](mailto:rfststephen@gmail.com)*

- Scanned copy of Baptism Certificate or Birth Certificate
- 3 page application (completely filled out and signed.)

**For Office Use Only**

Authorized amount to be charged: **\$75.00** Credit Card: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# St. Stephen Deacon & Martyr Parish

## Applicants Acknowledgement & Agreement

For Adults Applying for Sacramental Rites of Christian Initiation

Print Name: \_\_\_\_\_

### I. Requirements for Registration:

1. Un-baptized adult at least 18 years old (Birth Certificate and Picture ID must be submitted).
2. Adult baptized in a Christian denomination, other than Roman Catholic, must be at least 18 years old (Original Birth Certificate, Baptismal Certificate and Picture ID must be submitted).
3. Adult baptized Catholic, who has not received the sacraments of First Holy Communion and Confirmation (Original Baptismal certificate and Picture ID must be submitted).

### II. Sponsors:

1. **Sponsors must be in full communion with the Roman Catholic Church. They must be baptized, have made their 1<sup>st</sup> Communion, they must have received Confirmation, and if they are married, they must be married in the Roman Catholic Church.** INITIALS: \_\_\_\_\_
2. **Sponsor's sacramental certificates must be provided by December 19, 2020 or sooner or you will be removed from class.** INITIALS: \_\_\_\_\_
3. Each applicant for Rites of Christian Initiation is to have one (1) Sponsor who may be either male or female but must be at least 16 years of age. INITIALS: \_\_\_\_\_
4. The Sponsor should take an active role in the in your preparation for the Rites of Christian Initiation. INITIALS: \_\_\_\_\_
5. The Sponsor must be available to attend informational meetings, gatherings and Mass with you as scheduled. INITIALS: \_\_\_\_\_
6. Sponsors can be divorced, but if remarried, must have remarried in the Roman Catholic Church. INITIALS: \_\_\_\_\_
7. Your Spouse, Significant Other, or Parent cannot be your sponsor. INITIALS: \_\_\_\_\_
8. INITIALS: \_\_\_\_\_
  1. Your Spouse or significant other is encouraged to attend gatherings with you.
  2. If you are planning to be married in the Roman Catholic Church, please make an appointment with Father Joe Molina prior to payment of administrative fee. Remember to allow at least six months for marriage preparation.
  3. **If presently married by common-law or civil ceremony, please make an appointment with Father Joe Molina prior to payment of administrative fee.**

### III. Expectations of Enrolled Applicants for Rites of Christian Initiation:

1. Arrive for timely participation for Thursday gatherings.
2. Each Thursday gathering provides information important to building a firm foundation for faith and coming into full communion with the Roman Catholic Church. If you are absent for one or more sessions, please contact your catechist to make-up what you missed.
3. Participants will retain weekly handouts for subsequent review.
4. Arrive with a desire to learn and participate in group discussion and activities.
5. Please ensure cell phones are turned off during gatherings.

### IV. Administrative Fee: \$75.00 Must be paid in full at the time of registration. No refunds

I acknowledge that I have read, understood, and agree to the requirements for my preparation for the Adult Rites of Christian Initiation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Applicant E-mail Address: \_\_\_\_\_

**Catholic Diocese of El Paso and the Parish of St. Stephen Deacon and Martyr  
Adult Liability Waiver, Medical Release and Promotional Release Form**

**\*\*All adults participating in parish and/or diocesan religious formation events/trips must fill out this form\*\***

**Adult Participant's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Do you text?**  Yes  No

Have you completed the **Diocese of El Paso Safe Environment Program (Virtus Training)**?  Yes  No

If so, provide the date of completion or renewal: \_\_\_\_\_ Where did you attend training?: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ Texting: Yes  No

**I agree on behalf of myself, my heirs, successors, and assign to hold harmless and release the Diocese of El Paso, Bishop of the Roman Catholic Diocese and his successors in office, diocesan employees, volunteers and St. Stephen religious formation program, their officers, directors, and agents from any liability (unless due in part to gross negligence of the diocese and/or parish) for illness, injury or death arising from or in connection with my attending a religious formation ministry event or trip beginning the 1st day of June, 2020 through the 31st day of June, 2021.**

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party. In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered.

**Please advise the doctors that I have the following allergies:** \_\_\_\_\_

**Is the participant insured?** Yes  No

If yes, please fill out the information below *FROM THE PARTICIPANTS* Insurance Card:

Name of Policy Holder (whose name is the policy in?) \_\_\_\_\_

Insurance Carrier/ Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance ID Number: \_\_\_\_\_

Claim Address: \_\_\_\_\_

Customer Service Phone Number: \_\_\_\_\_

***Promotional Release***

I also consent to the use of any videotapes, photographs, or any other visual reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: Centro San Juan Diego, 901 W. Main Dr., El Paso, TX 79902 (ATTN: Director, Office of Religious Formation)) in which I may appear by the Diocese of El Paso. I understand that these materials, including websites and social media sites, are being used for promotion of the Religious Formation ministry of the Diocese of El Paso, which may include recruitment and fundraising efforts.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_