

**R. C. I. A.**  
**ST. MONICA PARISH**  
**PARROQUIA DE SANTA MÓNICA**

1129 WEST WOOD STREET, WILLOWS, CA 95988  
(530) 934-3314 • PARISHOFFICE@STMONICAWILLOWS.COM



**REGISTRATION FORM**

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**Welcome to Saint Monica Parish!**

*¡Bienvenidos a la Parroquia de Santa Mónica!*

**We are honored that you have chosen to explore the Catholic Faith and journey with us here in Willows, California.**

*Nos sentimos que haya elegido explorar la fe católica con nuestra comunidad católica aquí en Willows, California.*

**Each year on Holy Saturday during the Easter Vigil, thousands are baptized into the Catholic Church in the United States. Parishes welcome these new Catholics through the Rite of Christian Initiation of Adults (RCIA).**

*Cada año, el Sábado Santo durante la Vigilia Pascual, miles son bautizados en la Iglesia Católica en los Estados Unidos. Las Parroquias dan la bienvenida a estos nuevos católicos a través del Rito de la Iniciación Cristiana de Adultos (RICA).*

**Please fill the Registration Form provided to start your journey with us.**

*Por favor, complete el formulario de registro proporcionado para comenzar su viaje de fe con nosotros.*

**Should you have any question/s and/or clarification/s about our Parish Church, do not hesitate to contact us using the Parish Office Contact Information provided on this form or the RCIA Coordinator.**

*Si tiene alguna pregunta o aclaración sobre nuestra comunidad parroquial, comuníquense con nosotros utilizando la información de contacto de la oficina parroquial proporcionada en este formulario o la coordinadora de RICA.*

**May the Lord be with you! We are delighted to welcome you home back to Christ.**

*¡Que el Señor esté contigo! Estamos encantados de darle la bienvenida de regreso a Cristo.*

Yours in Christ,  
Tuyo en Cristo,  
Fr. Michael Estaris





ST. MONICA PARISH  
**R. C. I. A.**  
RITE OF CHRISTIAN  
INITIATION OF ADULTS

AILEEN CARRIERE, RCIA COORDINATOR (530.934.4473) • BARBARA LEACH, RCIA TEAM MEMBER (530.963.3197)

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

### ADULT INQUIRER INFORMATION

First name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name: \_\_\_\_\_  
Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City / State \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

### CONTACT INFORMATION

Mailing Address. Street: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ (other): \_\_\_\_\_

### RELIGIOUS HISTORY

- Baptized Christian (Non-Catholic).  
*Denomination:* \_\_\_\_\_ *Baptism Date:* \_\_\_\_\_
- Baptized Catholic (Uncatechized or in need of other Sacraments of Initiation)  
*Catholic Rite:* \_\_\_\_\_ *Baptism Date:* \_\_\_\_\_  
*If Catholic, which of the following Sacraments you are in need of?*  
 FIRST COMMUNION  CONFIRMATION
- Unbaptized (No Religious Affiliations)
- Unbaptized (Practiced other Religion or Belief). *Name of Religion:* \_\_\_\_\_

*If Baptized Non-Catholic or Unbaptized, please check one of the following:*

- I am interested about the Catholic faith and would like to become a Catholic.  
 I am interested about the Catholic faith but I am not sure if I want to become a Catholic.

### CURRENT MARITAL STATUS

- Single. I have never been married.  
 Divorced. I have not remarried.  
 Widow/Widower. I have not remarried.  
 Widow/Widower. Remarried or Cohabiting.  
 Unmarried. Cohabiting.  
 Married in the Catholic Church.  
 Married Civilly or Married in another faith.  
 Married, Separated from my spouse.  
 Engaged to be married in the Catholic Church.

**If Engaged:** (Important Note: Engaged couples are encouraged to attend classes together.)

Fiancée's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Place: \_\_\_\_\_  
City / State

No. Children/Dependents (if applicable): \_\_\_\_\_

Name & Age: \_\_\_\_\_

- This is my first marriage.
- I was previously divorced.
- I was previously married and my spouse passed away.
- This is my fiancée's first marriage.
- My fiancée was previously divorced.
- My fiancée was previously married and his/her spouse passed away.

**If Married:** (Important Note: Married couples are encouraged to attend classes together.)

Spouse's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Place: \_\_\_\_\_  
City / State

No. Children/Dependents (if applicable): \_\_\_\_\_

Name & Age: \_\_\_\_\_

- This is my first marriage.
- I was previously divorced.
- I was previously married and my spouse passed away.
- This is my spouse's first marriage.
- My spouse was previously divorced.
- My spouse was previously married and his/her spouse passed away.

**IF REQUESTING BAPTISM**

Godfather: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Godmother: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

- \* Birth Certificate is required.
- \* For Baptism, one Godparent is required. Two are optional.
- \* Your parents, your spouse, or your spouse's parents cannot be your Godparents.

**IF REQUESTING CONFIRMATION**

Sponsor 1: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Sponsor 2: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

- \* Birth Certificate is required.
- \* For Confirmation, one Sponsor is required. Two are optional.
- \* Your parents, your spouse, or your spouse's parents cannot be your Godparents.