



ST. BRENDAN CATHOLIC CHURCH
Office of Catechesis
Registration 2020-2021

St. Brendan families are registered in the parish. If you are not registered, please proceed to the Become A Member section of the parish website before submitting the form.

PARISH NUMBER	
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MY INFORMATION									
FIRST NAME/MIDDLE INITIAL/LAST NAME									
MAIDEN NAME (If applicable)		REGISTRATION DATE			DATE OF BIRTH				
HOME ADDRESS								Apt.	
CITY		STATE	FL.	ZIP CODE					
CELL NUMBER		EMAIL							
LANGUAGE	ENGLISH	YES NO	SPANISH	YES NO					
MEDICAL INFORMATION ALLERGIES/DIETARY NEEDS					PERSON TO CONTACT IN CASE OF AN EMERGENCY				
					Name				
					Cellular Phone				
					Other Phone				
MY SACRAMENTS HISTORY					If yes, a copy of the sacrament certificate must be on file at the St. Brendan Catholic Church Office of Catechesis. Participants will not be permitted to class without the following documents: Send the following documents to faithformation@sbrendan.org <ul style="list-style-type: none"> ➤ Copy of Birth Certificate ➤ Copy of Identification. ➤ If baptized, send a copy of the Baptism Certificate ➤ If baptized and received your First Communion, send a copy of the Baptism Certificate and First Communion Certificate. ➤ If married, a copy of legal Marriage Certificate. ➤ If divorced and remarried, or in a relationship, a copy of the legal Divorce Record. 				
Baptism	YES	NO							
Eucharist	YES	NO							
Confirmation	YES	NO							
Which best describes you now? <input type="checkbox"/> I am Catholic <input type="checkbox"/> I am Christian (not Catholic). Other: _____ <input type="checkbox"/> I believe in God, but belong to no religion. <input type="checkbox"/> I do not believe in God, and belong to no religion.									

MARITAL STATUS & FAMILY INFORMATION

I am single and I never married.	I am engaged to be married.	
I am married (Civil Marriage)	I am married, and separated.	
I am divorced and I have not remarried.	I am divorced and I remarried.	
I am a widow/ widower.	Other _____	
I am a parent.		
First Name/Middle Initial/ Last Name	Age	Relationship (Son, Daughter, Stepson, Stepdaughter)

I submit this registration and understand I hereby grant St. Brendan Catholic Church, Archdiocese of Miami, Inc., and all of their corporate members, affiliated entities, employees, officers, directors, volunteers, and agents (“Sponsors”) full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsors at their discretion to me at my expense and without further consent, in a hospital that is readily available, and to place me in the hands of a local physician for treatment should the need arise at my expense. I submit this registration and understand I hereby grant St. Brendan Catholic Church, its representatives, and Archdiocese of Miami, Inc. to use photographs/videotape taken for publicity, promotional and/or ministerial and educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages. I give consent to St. Brendan Catholic Church to photograph and/or videotape me for parish purposes and/or at parish events.

I present myself voluntarily to receive the Sacraments that I have not received (Sacraments of Baptism, Confirmation, and Eucharist) by means of St. Brendan Catholic Church (Miami, Florida).

FINANCE: SELECT THE CLASS	
RCIA: Rite of Christian Initiation of Adults ➤ Class Materials, Retreat, Robe included.	\$ 125.00

St Brendan Catholic Church
8725 S.W. 32nd Street, Miami, FL 33165
305-221-0881

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **St Brendan Catholic Church** to make a one-time debit to your credit card listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please select the course and complete the information below:

FIRST/LAST NAME OF PARTICIPANT	
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RCIA: Rite of Christian Initiation of Adults	\$125.00
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I _____ authorize St Brendan Catholic Church to charge my
(First/Last Name)

credit card account indicated below for _____ on _____. This
(Amount) (Date)

Payment is for the Faith Formation course selected.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Credit Card Number _____
Expiration Date _____ CID# _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____