

Archdiocesan School of Ministry  
REGISTRATION FORM  
2017-2019

For Office Use Only

Date Received:  
Registration Fee:  
Check #:  
Recommendations:  
Payment Plan:

Please indicate your class preference in numerical order.

St. Brendan H.S., Tuesdays, 7:30 - 9:30 pm  
English \_\_\_\_\_ Spanish \_\_\_\_\_

St. John the Apostle, Hialeah, Saturdays, 9:30 - 11:30 am  
Spanish \_\_\_\_\_

Notre Dame D'Haiti, Miami, Tuesdays, 7:30 - 9:30 pm  
Creole \_\_\_\_\_

St. Andrew, Coral Springs, Wednesdays, 7:30 - 9:30 pm  
English \_\_\_\_\_ Spanish \_\_\_\_\_

St. Bartholomew, Thursdays, 7:30 - 9:30 pm  
English \_\_\_\_\_ Spanish \_\_\_\_\_

\_\_\_\_\_ English, ONLINE

\_\_\_\_\_ Spanish, ONLINE

**Pray \* Learn \* Serve**

Please mail your registration form with a non-refundable registration fee to:

Archdiocese of Miami  
Lay Ministry and Adult Faith Formation  
9401 Biscayne Blvd., Miami Shores, FL 33138



Registration fee is \$25.00 until July 31<sup>st</sup>, \$50.00 from August 1<sup>st</sup> until the start of classes.

For more information please call:  
305-762-1184 (Dade) 954-525-5157 ext. 1184 (Broward) 305-762-1298 (Fax)  
[Layministry@theadom.org](mailto:Layministry@theadom.org) (Email) [www.miamiarch.org/layministry](http://www.miamiarch.org/layministry) (Website)

**SECTION A: CANDIDATE INFORMATION**

If possible, please include a RECENT PHOTO so we can get to know you more easily.

1. NAME: \_\_\_\_\_  
                    FIRST                                    MIDDLE                                    LAST
2. ADDRESS: \_\_\_\_\_  
                    STREET  
                    \_\_\_\_\_  
                    CITY                                    STATE                                    ZIP CODE
3. TELEPHONE: HOME \_\_\_\_\_  
                    CELL \_\_\_\_\_  
                    WORK \_\_\_\_\_
4. EMAIL ADDRESS: \_\_\_\_\_
5. DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_
6. YOUR PRESENT OCCUPATION: \_\_\_\_\_
7. WHICH PARISH DO YOU CURRENTLY ATTEND? \_\_\_\_\_
8. ARE YOU REGISTERED AT THIS PARISH? \_\_\_\_\_

**SECTION B: SACRAMENTAL INFORMATION**

1. **BAPTISM**
- A. Baptism - ROMAN CATHOLIC  
DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_  
CITY, STATE, COUNTRY: \_\_\_\_\_
- B. Baptism - OTHER CHRISTIAN DENOMINATION  
DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_  
RECEPTION INTO THE CATHOLIC CHURCH  
DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_  
CITY, STATE, COUNTRY \_\_\_\_\_
2. **FIRST COMMUNION**  
DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_  
CITY, STATE, COUNTRY \_\_\_\_\_
3. **CONFIRMATION**  
DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_  
CITY, STATE, COUNTRY: \_\_\_\_\_

4. MATRIMONY

A. YOUR CURRENT MARITAL STATUS:

( ) SINGLE ( ) MARRIED

B. IF YOU ARE MARRIED, PLEASE ANSWER 1-4 BELOW.

1. SPOUSE'S NAME \_\_\_\_\_

2. SPOUSE'S RELIGION \_\_\_\_\_

3. DATE OF MARRIAGE \_\_\_\_\_

4. WERE YOU MARRIED IN THE ROMAN CATHOLIC TRADITION? ( ) YES ( ) NO

PARISH NAME: \_\_\_\_\_

CITY, STATE, COUNTRY \_\_\_\_\_

C. IF DIVORCED, HAS YOUR PRIOR MARRIAGE BEEN ANNULLED BY THE CHURCH?

( ) YES ( ) NO

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. I HAVE \_\_\_\_\_ CHILDREN.

NAME(S)

DATE OF BIRTH

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C: EDUCATION**

1. LAST GRADE COMPLETED: *Check one below*

A. \_\_\_ ELEMENTARY: Grade completed (1-8) \_\_\_

B. \_\_\_ HIGH SCHOOL: Grade completed (9-12) \_\_\_

C. \_\_\_ COLLEGE/UNIVERSITY: # of years completed (1-4) \_\_\_

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DEGREE RECEIVED/PENDING: \_\_\_\_\_

D. \_\_\_ GRADUATE DEGREE: # of courses completed \_\_\_

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DEGREE RECEIVED/PENDING: \_\_\_\_\_

**SECTION D: COMMUNITY INVOLVEMENT**

1. PLEASE LIST PARISH MINISTRIES IN WHICH YOU HAVE BEEN INVOLVED:

\_\_\_\_\_

2. PLEASE LIST CIVIC ACTIVITIES THAT YOU HAVE BEEN A PART OF: \_\_\_\_\_

\_\_\_\_\_

**SECTION E: PERSONAL**

1. PLEASE DESCRIBE IN YOUR OWN WORDS WHY YOU ARE INTERESTED IN THE ARCHDIOCESAN SCHOOL OF MINISTRY.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. DO YOU HAVE ANY SPECIAL NEEDS WE SHOULD BE AWARE OF?	YES	NO
ILLNESS/PHYSICAL LIMITATION _____	YES	NO
ALCOHOL/DRUG PROBLEMS _____	YES	NO
MENTAL ILLNESS _____	YES	NO
FAMILY PROBLEMS _____	YES	NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

**ANSWER ONLY IF REGISTERING FOR ONLINE CLASSES – ALL IN-PERSON CLASS REGISTRATIONS CONTINUE TO PART #3 RERECENCES**

1. Do you have access to a computer and internet connection available for your use? Yes \_\_\_ No \_\_\_

2. How often do you use a computer and navigate the internet?

---Always      ---Frequently      ---Sometimes      ---Rarely

3. Rate your capability to use a computer and navigate the internet.

---Excellent      ---Good      ---Poor

4. Please check the following computer tools/programs you are able to operate (check all that apply):

---Internet      ---E-mail      ---Microsoft Word      ---Google      ---Yahoo      ---Other

3. REFERENCES:

Must submit two recommendations (see attached forms) to the Archdiocesan School of Ministry. We suggest that one of the forms be completed by a member of the clergy and the other by a lay person. **If you wish to be commissioned for a ministry, one of the recommendation forms MUST BE completed by your pastor.**

4. THIS APPLICATION MUST BE SIGNED BY THE CANDIDATE (AND, IF MARRIED, HIS/HER SPOUSE.)

\_\_\_\_\_  
APPLICANTS SIGNATURE                      DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE                      DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

**PLEASE INCLUDE REGISTRATION FEE, RECOMMENDATION FORMS, AND PAYMENT PLAN FORM WITH THIS FORM TO COMPLETE YOUR REGISTRATION PACKET.**