

Archdiocesan School of Ministry
REGISTRATION FORM
2018-2020

For Office Use Only

Date Received: _____
Registration Fee: _____
Check #: _____
Other: _____
Check# _____
Pastor Recommendation ____
Other Recommendation ____
Payment Plan: _____
Sponsoring Parish

Please indicate your class preference in numerical order.

St. Brendan H.S., Tuesdays, 7:30 - 9:30 pm
Spanish _____

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

St. Bartholomew, Thursdays, 7:30 - 9:30 pm
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 Office
9401 Biscayne Blvd., Miami Shores, FL 33138

Registration fee is \$25.00 until July 31st \$50.00 from August 1st 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 (Email) www.miamiarch.org/layministry (Website)



please include a
RECENT PHOTO

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. AT WHAT PARISH ARE YOU REGISTERED? _____

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) ___ Please Provide Transcript

NAME: _____ LOCATION: _____

DEGREE ___ RECEIVED ___ PENDING: _____

D. ___ GRADUATE DEGREE: # of courses completed ___ Please Provide Transcript

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. **One recommendation must be completed by your Pastor** and the other by a lay person, member of the clergy or religious order.

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.