

RITE OF CHRISTIAN INITIATION OF ADULTS

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: (as it appears on birth record) \_\_\_\_\_

Mother's Name: (as it appears on birth record) \_\_\_\_\_

Sacramental Information (please check correct response)

A. Baptized Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_ Not Baptized \_\_\_\_\_

B. Baptized in another Christian denomination: Yes \_\_\_\_\_ No \_\_\_\_\_

C. Name Church of Baptism: \_\_\_\_\_ City: \_\_\_\_\_

D. First Communion: Yes \_\_\_\_/Church: \_\_\_\_\_ No \_\_\_\_ *but I desire First Communion*

E. Confirmation: Yes \_\_\_\_ Church: \_\_\_\_\_ No \_\_\_\_ *but I desire Confirmation*

F. Marital Status: (please check correct response)

Single \_\_\_\_ Widowed \_\_\_\_ Engaged \_\_\_\_ Name of fiancé \_\_\_\_\_

*Married:* in the Catholic Church/ Married: \_\_\_\_\_ in Civil Court/ Married: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Religion: \_\_\_\_\_

If either you or your spouse has been married before, please state below the where, why's, how's etc.

\_\_\_\_\_  
\_\_\_\_\_

**Summarize what you wish from this course of study:**

Baptism \_\_\_\_ Profession of Faith \_\_\_\_ First Communion \_\_\_\_ Confirmation \_\_\_\_

**Please list an emergency person(s) to contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ relationship: \_\_\_\_\_

**OFFICE USE ONLY: NO REFUNDS GIVEN**

**Registration fee \$ \$120.00**