



# Rite of Christian Initiation for Adults

Name (AT BIRTH): \_\_\_\_\_

Date of Birth: (MONTH) \_\_\_\_\_ (DATE) \_\_\_\_\_ (YEAR) \_\_\_\_\_

Name of Father: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Birth Place (CITY & STATE) \_\_\_\_\_

Address: \_\_\_\_\_




Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Home \_\_\_ / Cell \_\_\_) Please check (v)



ARE YOU MARRIED CIVILLY? Yes  No  Please check (v)

## Sacraments To Be Received Please check (v)

*\*Program for Adults 18 years old +*

<i>Baptism</i>		Please check (v) ( )
<i>Godparent(s) Names:</i>		
<i>First Holy Communion</i>		Please check (v) ( )
<i>Confirmation</i>		Please check (v) ( )
<i>Name of Sponsor:</i>		
<i>Confirmation Name:</i>		

OFFICE USE: Sacraments Received on Saturday, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

RECORDED (v) \_\_\_\_\_

OFM: \_\_\_\_\_