

Sacramental Information Form - Adults

St. Cyril of Alexandria Catholic Church

PLEASE PRINT ALL INFORMATION

Date: _____

<p>Have You Received the Sacrament of:</p> <p>Baptism: Yes _____ No _____</p> <p>1st Communion: Yes _____ No _____</p> <p>Reconciliation: Yes _____ No _____</p> <p>Confirmation: Yes _____ No _____</p>	<p style="text-align: center;"><i>Office Notes:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Full Legal Name: _____ Maiden Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Date of Birth: _____ Age: _____ City/State of Birth: _____ Country: _____

>>>>> **The ORIGINAL or a certified copy of your Birth certificate is required.** <<<<<<<

INFORMATION ON BAPTISM

Date of Baptism: _____ Church of Baptism: _____

City of Baptism: _____ Country of Baptism: _____

Church Address: _____

Baptismal Godparent(s): _____

>>>>> **The ORIGINAL or a certified copy of your Baptism certificate is required.** <<<<<<<

INFORMATION ON BIOLOGICAL PARENTS

Father's Full Name: _____

Mother's Full Maiden Name: _____

Sponsors must be at least 16 yrs. of age, be practicing Catholics, and have received the Sacraments of Baptism, First Communion, and Confirmation.

Name of Sponsor(s): _____

Chosen Saint Name: _____

Sacraments celebrated – OFFICE USE ONLY:		
<p>Confirmation</p> <p>Date of Ceremony: _____</p> <p>Presider: _____</p> <p>Certificate Made: _____</p> <p>Date Certificate was Mailed: _____</p> <p>Date Recorded: _____</p> <p>By: _____</p> <p>Church Notified: _____</p>	<p>Eucharist</p> <p>Date of Ceremony: _____</p> <p>Presider: _____</p> <p>Certificate: _____</p> <p>Date Certificate was Mailed: _____</p> <p>Date Recorded: _____</p> <p>By: _____</p> <p>Church notified: _____</p>	<p>Reconciliation</p> <p>Date of Ceremony: _____</p> <p>Presider: _____</p>

➤ **Please complete the marriage history form (on back).**

MARRIAGE HISTORY – SACRAMENTAL PREPARATION

Full Legal Name: _____ Maiden Name: _____

Check the appropriate statement(s) below and provide any information requested beneath each statement.

____ **1. I have never been married.**

____ **2. I am engaged to be married.**

a) Your Fiancé(e)'s Name: _____

b) Your Fiancé(e)'s Current Religious Affiliation (*if any*): _____

c) For you: ____ This is my first marriage. ____ I have been married before.

d) For your fiancé(e): ____ This is his/her first marriage. ____ My fiancé(e) has been married before.

____ **3. I am married.**

a) Your Spouse's Name: _____

b) Your Spouse's Current Religious Affiliation (*if any*): _____

c) For you: ____ This is my first marriage. ____ I have been married before.

d) For your spouse: ____ This is my spouse's first marriage. ____ My spouse has been married before.

e) Date of Marriage: _____

f) Place of Marriage (*city, state, country*): _____

g) Officiating Authority of Marriage (*circle one below*)

Civil government non-Christian minister Christian minister Catholic cleric Other _____

____ **4. I am married, but separated from my spouse.**

____ **5. I am divorced and I have not remarried.**

____ **6. I am a widow/widower and have not remarried since my spouse's death.**

____ **7. I am living with someone.**

Spouse's Name: _____

Spouse's Email address: _____

Spouse's Home Phone: _____

Spouse's Cell (or work) Phone: _____

IMPORTANT: Read and check each item below, then sign and date the form.

____ **If your name has been changed, and is different from your Baptism Certificate, proof of change must be submitted.**

____ **I understand that if I, or my spouse, have previously been married or are not married according to the Laws of the Catholic Church, that this situation will affect my preparation for, and celebration of, the Sacraments.**

____ **I acknowledge my responsibility for taking the necessary steps to resolve the issue.**

____ **I will make an appointment with a member of the pastoral staff to discuss the issue.**

Signature

Date