

St. James Parish

Rite of Christian Initiation of Teens

The information provided on this 2-page form will remain confidential. It will be used by your RCIT Team to contact you and the Parish Office Secretary for the preparation of your Sacramental Certificates (Baptism, Confirmation and Holy Communion).

Complete names are required please (ex: James, not Jim; Deborah, not Debbie)

STUDENT INFORMATION

Last Name: _____ First: _____ Middle: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

School: _____ Grade: _____ Age: _____

Date of Birth: _____ Place of Birth: _____

BAPTISMAL INFORMATION (if applicable)

Have you been baptized? Yes No **If yes, Date:** _____

Religion: _____ Place of Baptism – Church: _____

City: _____ Province: _____ Country: _____

PARENT INFORMATION

Father's Name: _____ Mother's Name: _____

Religion: _____ Mother's Maiden Name: _____

Religion: _____

SPONSOR INFORMATION (CANNOT BE A PARENT)

Please note that your Sponsor must be 16 years of age or older, and has received all three Sacraments of Initiation (Baptism, Holy Communion and Confirmation)

Name: _____ Phone #: _____

Email: _____ Relationship: _____

COMMITMENT

I commit to prepare for the following sacraments:

Profession of Faith Baptism 1st Communion 1st Reconciliation Confirmation
(if already baptized)

 Signature of Candidate/Catechumen

I support my child in their decision to receive the above sacraments _____

Parent/Guardian Signature

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Tell us a little bit about yourself... how long you've lived in Okotoks; hobbies; interests; family; etc...

What draws you to the Catholic Church?

OFFICE USE ONLY

Sacraments Receiving: Baptism Profession of Faith Communion Confirmation Reconciliation

Date of reception: _____ **Saint Name:** _____