

St. Patrick Catholic Church

Independence, Oregon

Rite of Christian Initiation Registration Form

Last Name	First Name	DOB*	Age

Phone Number: _____ Email address: _____

Address: _____ City: _____ Zip code: _____

Please provide the following information if 18 years old and below:

Father Name: _____ **Mother Name:** _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Religion: _____ Religion: _____

HISTORY OF SACRAMENTS

Sacrament	Date	Church	City, State, Country	Copy*
Baptism				
First Communion				
Confirmation				

Marital Status:

- Single Married and it's a first marriage for both of us
 Married and one or both of us were previously married and divorced. Engaged to be married

If applicable, please provide name of spouse, fiancé or partner: _____

Please give a brief overview of your religious background and any notes you would like to include:
