SACRAMENTS *of* INITIATION *for* ADULTS

**form for those seeking either to become Catholic, or to complete their Sacraments*
**please submit a short résumé of your journey to the Catholic Church with this form*

****if previously baptized in ANY Church, please submit your certificate a.s.a.p.***

I would like to receive :

☐ BAPTISM ☐ TO BECOME CATHOLIC

☐ CONFIRMATION *(desired Confirmation Saint):* _____

☐ FIRST HOLY COMMUNION

Full Name (maiden name): _____
Address: _____
_____

Email: _____ **Phone #** _____

Date of Birth: _____ **Place of Birth:** _____
(month/day/year) *city, province*

Father: _____ _____
first name *last name*

Mother: _____ _____
first name *maiden name*

Current Religious Affiliation: _____

Already Baptized? ☐ Yes ☐ No **Date of Baptism:** _____
Place of Baptism: _____
name of church, city, province

Your Chosen Sponsor : _____

(Proxy): _____

Married? ☐ Yes ☐ No **Date of Marriage:** _____

Place of Marriage: _____
name of church/civil office, city, province

***Spouse:** _____ _____
first name *last (& maiden) name*

***Catholic?** ☐ Yes ☐ No