

RITE OF CHRISTIAN INITIATION FOR ADULTS
(adapted for children)

REGISTRATION FORM

Legal name

Last

First

Middle

Ethnicity: _____

Date of Birth: Month _____ Day _____ Year _____ AGE WHEN THEY ARE BAPTIZED _____

Address: _____ Apt. # _____

City: _____ Zip _____ Phone _____

E-mail address _____

Mother's Name _____

Mother's maiden Name _____

Father's Name _____

Place of child's Birth: County _____ City _____ State _____

Country _____

God Mother Name _____

God Father Name _____

Attach COPY of child's Birth Certificate or if they were baptized in another faith please attach a copy of the child's Baptismal Certificate if available.

Date Baptized: _____ Celebrant _____

Date Confirmed _____

Date Received First Eucharist _____