

St. Jude the Apostle Catholic Church

Rite of Christian Initiation Registration Form

Date _____

NAME: _____
Last First Middle Maiden

STREET ADDRESS (COMPLETE): _____

_____ City State Zip Code

TELEPHONE: _____
Home Work Cell

E-MAIL ADDRESS: _____
Home Work

EMPLOYER _____ OCCUPATION _____

DATE OF BIRTH: _____ PLACE _____

BAPTIZED: YES ___ NO ___ IF YES, DATE OF BAPTISM: _____

IF YES, FAITH YOU WERE BAPTIZED INTO: _____

NAME OF CHURCH, CITY & STATE WHERE YOU WERE BAPTIZED: _____

FATHER'S NAME: _____
Last First Middle

MOTHER'S NAME: _____
Last First Middle Maiden

ARE YOU MARRIED NOW: YES ___ NO ___

IF YES, SPOUSE'S NAME: _____

SPOUSE'S RELIGION/TRADITION: _____

IS THIS A FIRST MARRIAGE FOR BOTH: YES ___ NO ___ (if no, please see page 3)

MARRIAGE: _____
Date Church / Location

CHILDREN LIVING AT HOME:

Name	Age	Baptismal Date	Religion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF ENGAGED, NAME OF FIANCE: _____ RELIGION: _____

WILL THIS BE A FIRST MARRIAGE FOR BOTH: YES ____ NO ____

WHY ARE YOU INTERESTED IN LEARNING ABOUT THE CATHOLIC CHURCH / BECOMING CATHOLIC?

DESCRIBE YOUR PREVIOUS EXPERIENCE WITH RELIGION:

Copy of Baptismal Certificate _____

Interviewed by Marilyn Anderson _____

Sponsor's Name _____

