

St. Clement Parish

RITE OF CHRISTIAN INICIATION OF ADULTS PROGRAM 2018-2019

Name _____
Last Name Middle Name First Name

Address _____

Phone: Home _____ Cell phone _____ Work _____

Email _____

Date of Birth: _____ Age _____ Place of Birth _____

Date of Baptism: _____ Place of Baptism _____

Father's Name: _____ Mother's Name _____

Check Sacraments you have received

Baptism* _____

First Communion _____

Confirmation _____

Church Marriage _____

Check Sacraments you will receive here at St. Clement

Baptism _____

First Communion _____

Confirmation _____

Church Marriage _____

* Please submit a copy of your Baptism Certificate.

Give some thought about who will be your sponsor. This person needs to be a practicing Catholic, completely initiate into the Catholic faith. Received: Baptism, Eucharist, and Confirmation. Biological parents are ineligible to be your sponsor.

Sponsor (s) Name: _____

(For the sacrament you will receive)

Person to notify in case of Emergency:

Name _____ Phone _____ Relation _____

Are you allergic to medication/food? _____ Medical Condition _____

Take medication daily? _____ Medication taken _____

Do you have any medical restriction to sports, medication, or diet? _____

Please consider a Donation of \$90

Amount \$ _____ Receipt#: _____ Date: _____ Initials: _____