



St. Rose of Lima
CATHOLIC CHURCH

Rite of Christian Initiation of Adults – Sacramental Preparation Information

Full Name: _____ Phone: _____

Address: _____ Email: _____

Date of Birth: _____ City and State of Birth: _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

Baptism

Were you baptized: _____ Baptism date: _____ Baptism Church: _____

Address: _____

Godparents' Names: _____

Have you submitted a copy of your baptismal record? _____

Marital status

_____ Single, never married, or widowed with all previous spouses deceased.

_____ Married _____ Separated _____ Divorced with previous spouse(s) living

Current spouse: _____

Is current spouse Catholic? _____ Baptized? _____

Date of current marriage: _____ Place of Current Marriage: _____

City and State: _____

Do you have any previous living spouses? _____ If so, how many? _____

Sponsor

Name: _____ Phone: _____

Address: _____ Email: _____

Parish: _____

Date and Parish of Sponsor's Confirmation: _____

Sacraments Received

Marriage Convalidation Date _____ Parish: _____

Witnesses: _____

First Reconciliation Date: _____ Easter Vigil: Baptism _____ Confirmation: _____

First Eucharist: _____ Profession of Faith: _____