

**2017-2018 Ministry Enrollment  
Rite of Christian Initiation of Adults**

**PLEASE PRINT CLEARLY**

Full Name \_\_\_\_\_

Sex: M    F    Age \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth date \_\_\_\_\_ Birth Place \_\_\_\_\_

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**I have RECEIVED Baptism:**

\_\_\_\_\_ NO

\_\_\_\_\_ YES: RELIGION \_\_\_\_\_

CHURCH \_\_\_\_\_

CITY & STATE \_\_\_\_\_

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**MARITAL STATUS**    *This information is very important and will be kept CONFIDENTIAL.*

\_\_\_\_\_ SINGLE, never married    \_\_\_\_\_ SEPARATED    \_\_\_\_\_ DIVORCED    \_\_\_\_\_ WIDOWED

Presently married? \_\_\_\_\_ YES    \_\_\_\_\_ NO    Married # of times \_\_\_\_\_

Currently ENGAGED or MARRIED to: \_\_\_\_\_

Children's Names/Ages: \_\_\_\_\_

YOUR Father's name \_\_\_\_\_

YOUR Mother's Name \_\_\_\_\_ Maiden name \_\_\_\_\_

**Which Sacraments do you wish to receive?**

\_\_\_\_\_ Baptism    \_\_\_\_\_ Eucharist    \_\_\_\_\_ Confirmation    \_\_\_\_\_ Reconciliation

**List any parishioners you know at St. Mary Magdalene:**

DATE FORM RECEIVED \_\_\_\_\_ COPY OF CERTIFICATE RECEIVED    YES    NO

BOOK FEE \_\_\_\_\_ CASH/CHECK \_\_\_\_\_ DATE \_\_\_\_\_

Original Form, Copy of Baptism Certificate and payment to MM

Registration received by \_\_\_\_\_