

**2018-2019 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 _____

I have RECEIVED Baptism:

_____ NO

_____ YES: RELIGION _____

CHURCH _____

CITY & STATE _____

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 _____

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DOCUMENT CHECK LIST

BAPTISM CERTIFICATE: _____

CATHOLIC MARRIAGE CERTIFICATE: _____

PRIOR MARRIAGE DOCUMENTS:

DIVORCE DECREE: _____

CIVIL MARRIAGE LICENSE: _____

ANNULMENT DOCUMENTATION: _____

PRIOR MARRIAGE DOCUMENTS:

DIVORCE DECREE: _____

CIVIL MARRIAGE LICENSE: _____

ANNULMENT DOCUMENTATION: _____