

**FOR OFFICE USE ONLY**

☐ Baptism \_\_\_\_\_  
☐ Confirmation \_\_\_\_\_  
☐ First Eucharist \_\_\_\_\_

Date \_\_\_\_\_  
Celebrant \_\_\_\_\_

**Saint John Paul II Catholic Church  
Rite of Christian Initiation of Adults**

The following information will be entered into our Sacramental records and used to complete the certificate documenting your reception of the Sacraments of Initiation in the Catholic Church. Please PRINT legibly and complete ALL information to ensure the accuracy of our records.

**Candidate's Full Legal Name:** \_\_\_\_\_

**Father's Full Legal Name:** \_\_\_\_\_

**Mother's Full Maiden Name:** \_\_\_\_\_

**City and State of Birth** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Godfather's Full Legal Name** \_\_\_\_\_

**Godmother's Full Legal Name** \_\_\_\_\_

**Your Current Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

Attach a copy of your Birth Certificate