

FOR OFFICE USE ONLY

____ Profession of Faith _____
____ 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

Name of Church where baptized:

City & State of baptismal church

Date of baptism:

Your Current Address:

Sponsor's full legal name

Sponsor's full legal name

Your Daytime Phone:



Confirmation Name:

Attach a copy of your Baptismal certificate