

**RITE OF CHRISTIAN INITIATION FOR ADULTS/TEENS
Registration Form**

St. Dominic & Assumption Parishes
Cold Lake, Alberta

Background Information:

Name			
(First)	(Middle)	(Last)	
Address:			
(Street)	(City)	(Province)	(Postal Code)
Phone Number: (Home)		(Work)	
Birth Date:		Birth Place:	

Baptism: Date: _____ Name of Church _____
Place: _____ Religious Denomination: _____

Father's Name: _____ Religion _____
Mother's Name: _____ Religion _____

Please check the following: Single ___ Engaged ___ Married ___ Divorced ___
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If married (or engaged):

Name of Spouse (or fiancée) _____

Date of Marriage _____ Church _____

Place _____

Have you been married before YES NO If so when and where _____
Reason for you not married any more: Divorce or Spouse has passed away
Date of Divorce _____
Has Marriage been Annulled YES NO

Who is the person/s responsible for you being here?

When did you first become interested in the Catholic Church?

Why do you want to become Catholic?

If not, please state your reasons for attending the program:

Name of Sponsor/s: (Sponsors must be practicing Catholics and have some knowledge of the Catholic Faith and Tradition to be able to guide you in the journey of faith during and after the program.)

For Office Use Only:

Status -CATECHUMEN _____ CANDIDATE _____

Comments/Notes to consider:

By:

Date: