



SAN CARLOS CATHEDRAL

TODAY'S DATE _____

CHRISTIAN INITIATION FORM

What Sacrament do you wish to receive?

Baptism _____ Eucharist _____ Confirmation _____

Personal Information

First Name _____ Middle name _____

Last Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Age _____ Date of Birth _____ Birthplace _____

Father's name _____ Mother's name _____

Faith/Religious Background

Have you ever been baptized? _____ If yes, date of Baptism _____

Religious denomination of baptism _____

Church of Baptism _____ Address _____

Have you received Eucharist? _____ If yes, date of Eucharist _____

Church of Eucharist _____ Address _____

Marital Status (Circle one)

Single Engaged Married Separate Divorced Widow