



ALL SOULS CHURCH

315 Walnut Avenue, South San Francisco, CA 94080

RITE OF CHRISTIAN INITIATION OF ADULTS

1. Your Name: (Please Print)

_____ (First) (Middle) (Last)

2. City of Birth:

_____ State/Country: _____

3. Date of Birth:

_____ (Month) (Day) (Year) _____ Age (years)

4. Church of Baptism:

_____ Dt. of Baptism: _____
(Church Name) (Month) (Day) (Year)

Address of the Church:

_____ (Street) _____ (City) _____ (State/Country)

Sponsors for Baptism:

_____ & _____
(First Name) (Last Name) (First Name) (Last Name)

5. Church of 1st H.Communion

_____ (Church Name) _____ (City) _____ (State/Country)

6. Church of Confirmation:

_____ (Church Name) _____ (City) _____ (State/Country)

Date of Confirmation:

_____ (Month) (Day) (Year) _____ (Confirmation Name)

Sponsor for Confirmation:

_____ (First Name) (Last Name)

7. Father's Name:

_____ Mother's Name _____
(First Name) (Last Name) (First Name) (Last - Maiden)

8. Your Telephone

_____ (Cell Phone) _____ (Home Phone) _____ (E-mail Address)

10. Your Home Address:

_____ (Street) _____ (City) _____ (State/Country)

In Case of Emergency: Contact

Telephone:

_____ Relationship: _____

CHECK ALL THAT APPLY

I wish to receive the Sacrament of:

- Baptism 1st Reconciliation 1st Communion Confirmation

My Canonical Status:

- Never Married Living Together Wish to Marry Civilly Married Seek Validation
 Sacramental Marriage Divorced Seek Annulment Seek Full Communion with Catholic Church
 Other

Date:

_____ Signature: _____

For Office Use Only:

- Baptism Certificate 1st Communion Certificate Confirmation Certificate RCIA RICA
 Thurs Sun SP Note: _____