

NORTH AMERICAN MARTYRS PARISH

St. Mary's Church ~ St. Rose Church

The Office of Religious Education

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RCIA- Rite of Christian Initiation for Adults 2019-2020

Date: _____

Name: _____

Address	City	State	Zip
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Email _____ Home Phone number: _____ Mobile Phone _____

Date of Birth: _____ Place of Birth (City and State) _____

Religious Affiliation: _____

Baptized (Yes/No) If Yes in What Tradition? _____ Where? _____

What Parish Church do you attend? _____

Fathers Name: _____ Mothers Maiden Name: _____

Marital Status: Please put a check mark (√) on the Sacrament(s) you wish to make.

Baptism _____ First Confession _____ First Communion _____ Confirmation _____

Please put a check mark (√) to everything that applies:

Single _____ Married _____ Divorced _____ Remarried _____ Widowed _____

If you were married, or remarried how were you married.

_____ Catholic Church _____ Minister _____ Justice of the Peace _____ Other _____

_____ Engaged to be married _____ Divorced and remarried.

If married Name of husband or wife: _____

1. What is your religious education or church background?

2. What draws you to the Church to participate and receive the Sacrament(s)?

3. What are your expectation's?

Sacramental Certificates Needed

Baptism _____ Date & Place _____

First Communion _____ Date & Place _____

Confirmation _____ Date & Place _____

Marriage _____ Date & Place _____

For office use only:

Sponsors Name of Confirmation Candidate _____

Sponsors phone number. _____

Annulment Required: _____ Copy of Baptism Certificate _____

Comments: _____
