



**DIOCESE OF GARY**

9292 BROADWAY  
MERRILLVILLE, IN 46410-7088

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**CATECHUMEN INFORMATION FORM  
RCIA: PROCESS FOR CHILDREN**

Chancery/Pastoral Center

Name of Parish \_\_\_\_\_

Parish Address \_\_\_\_\_  
(full address)

Child's name \_\_\_\_\_  
First Middle Family Surname

Birth date \_\_\_\_\_

Place of Birth \_\_\_\_\_  
Hospital City State

Mother \_\_\_\_\_  
First Middle Confirmation  
Maiden Family Surname

Religion (If Christian, then include Faith Tradition) \_\_\_\_\_

Father \_\_\_\_\_  
First Middle Confirmation  
Family Surname

Religion (If Christian, then include Faith Tradition) \_\_\_\_\_

Child lives with:  Parents  Mother only  Father only  Other (explain) \_\_\_\_\_

Address of child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone of child: \_\_\_\_\_

- Continued on next page -

Emergency Name \_\_\_\_\_

Emergency Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency telephone \_\_\_\_\_

Please list any medical problems \_\_\_\_\_

Please list any learning difficulties \_\_\_\_\_

# PASCHAL VIGIL RECEPTION: BAPTISM, CONFIRMATION & EUCHARIST

## BAPTISM

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Date of baptism \_\_\_\_\_

Place of baptism \_\_\_\_\_

Godparent \_\_\_\_\_  
*First Middle Confirmation*

\_\_\_\_\_  
*Family Surname*

Godparent \_\_\_\_\_  
*First Middle Confirmation*

\_\_\_\_\_  
*Family Surname*

## CONFIRMATION

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Date of confirmation \_\_\_\_\_

Place of confirmation \_\_\_\_\_

Confirmation Sponsor \_\_\_\_\_  
*First Middle Confirmation*

\_\_\_\_\_  
*Family Surname*

## EUCHARIST

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Date of Eucharist \_\_\_\_\_

Place of Eucharist \_\_\_\_\_

Signature of Priest \_\_\_\_\_ Date \_\_\_\_\_

Priest's Name (*printed*) \_\_\_\_\_

Remarks:

OFFICE USE ONLY:		
Dates: _____	_____	_____
Inquiry	Rite of Acceptance	Initiation Sacraments