



DIOCESE OF GARY

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**CATECHUMEN INFORMATION FORM
RITES OF CHRISTIAN INITIATION OF ADULTS**

Chancery/Pastoral Center

Name of Parish _____

Parish Address _____
(full address)

Catechumen'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)* _____

Catechumen's Address _____

Telephone: _____

- continued on next page -

Emergency Name _____

Emergency Address _____

Emergency telephone _____

Please list any medical problems _____

Please list any learning difficulties _____

rites of Christian Initiation of Adults:

PASCHAL VIGIL RECEPTION: BAPTISM, CONFIRMATION & EUCHARIST

BAPTISM

Date of baptism _____

Place of baptism _____

Godparent _____
First Middle Confirmation

Family Surname

Godparent _____
First Middle Confirmation

Family Surname

CONFIRMATION

Date of confirmation _____

Place of confirmation _____

Confirmation Sponsor _____
First Middle Confirmation

Family Surname

EUCHARIST

Date of Eucharist _____

Place of Eucharist _____

Signature of Priest _____ Date _____

Priest's Name (*printed*) _____

Remarks: