



**DIOCESE OF GARY**

9292 BROADWAY  
MERRILLVILLE, IN 46410-7088

219-769-9292  
219-738-9034 Fax

**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

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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: