



DIOCESE OF GARY

9292 BROADWAY
MERRILLVILLE, IN 46410-7088

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219-738-9034 Fax

**CHRISTIAN CANDIDATE
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

Baptismal certificate on file with this parish: Yes No

Christian Tradition of baptism _____ Date of Baptism _____

Godparent _____
First Middle Confirmation

Family Surname

Godparent _____
First Middle Confirmation

Family Surname

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)* _____