



**DIOCESE OF GARY**

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MERRILLVILLE, IN 46410-7088

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**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)* \_\_\_\_\_

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

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

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

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

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

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

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

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

rites of Christian Initiation of Adults:

# Full Reception into the Catholic Church: Confirmation & Eucharist

## Confirmation

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

Confirmation name \_\_\_\_\_

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

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

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

## Eucharist

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

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

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

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

Remarks:

OFFICE USE ONLY:

Dates: \_\_\_\_\_  
*Inquiry Rite of Acceptance*

\_\_\_\_\_  
*Profession of Faith, Confirmation and Eucharist*