

Saint James the Apostle and Our Lady of the Lake/Mount Carmel Parish

RITE OF CHRISTIAN INITIATION OF TEENS APPLICATION

Msgr. Anthony Marchitelli, Pastor

Name	Place of Birth	DOB
Email	Home Phone	Cell Phone
Current Address		
City	State	Zip Code
BAPTIZED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If "YES" When? (date)		Religious Denomination
Where? (Name of Church/Parish)		Address
For RCIT Registrations Only:		
School Attending:		
Grade:		
Catholic Confirmation Name		
What Saint's Name Do You Choose to Take? (may be chosen later)		

Parents Information – Catechumens (those to be baptized) Only			
	First Name	Last Name	Mother's Maiden Name
Father			
Mother			

Please answer below why you wish to become a Catholic or choose at this time in your life to complete your Sacraments of Initiation. Please be as detailed as possible.

Use the back of this application if more space is required to write your response.

Sponsor(s) Name (must be a practicing Catholic) _____

Sponsor(s) Parish _____

(May be supplied later)

***** MUST HAVE A CURRENT BAPTISMAL FORM FOR ALL CANDIDATES *****