



DIOCESE OF GARY

9292 BROADWAY
MERRILLVILLE, IN 46410-7088

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**CATECHUMEN 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

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: _____

- Continued on next page -

Emergency Name _____

Emergency Address _____

Emergency telephone _____

Please list any medical problems _____

Please list any learning difficulties _____

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:

OFFICE USE ONLY:		
Dates: _____	_____	_____
Inquiry	Rite of Acceptance	Initiation Sacraments