



HOLY ANGELS

Adult Christian Initiation Registration

(626) 446-2804 Office

(626) 378-0919 Direct

Deaconarnie@aol.com

Name:

_____ *Last* _____ *First* _____ *Middle*

Maiden Name

(if applicable)

Address:

City/State:

Zip:

Home Phone:

()

Cell #:

E-Mail Address:

Date of Birth:

Father's Name:

Mother's Name:

Mother's Maiden Name:

Have you been baptized? Yes / No *(If yes, attach copy of certificate)*

Present Marital Status: Single Separated Divorced Widow/er

If Married:

Spouse's Name: _____

Civil Ceremony _____ **Catholic Ceremony** _____

Is Annulment needed? Yes / No

Has your spouse ever been married before? Yes / No

Is your spouse a baptized Catholic? Yes / No

Has your spouse received the Sacraments of:

First Communion? Yes / No

Confirmation? Yes / No

Sacraments I want to receive (check all that apply)

Baptism _____ **Confirmation** _____ **Eucharist** _____ **Marriage** _____

Godparents' Name:

for baptism

Address:

City/State:

Zip:

Phone #:

Sponsor's Name:

for confirmation

Address:

City/State:

Zip:

Phone #: