



HOLY ANGELS PARISH
Christian Initiation

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Name: _____
Last Middle First

Maiden Name (if applicable): _____

Address: _____

City/State: _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **E-mail Address:** _____

Date of Birth: _____ **Place of Birth – City:** _____ **Country:** _____

Name of Mother and Father: _____

Mother's Maiden Name: _____

Have you been baptized? Yes/No (if yes, attach copy of Baptism 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** ___ **Saint Name** _____ **Eucharist** ___ **Marriage** ___

For Baptism:

Godparents' Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____

For Confirmation:

Sponsor's Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____

PHOTO RELEASE: Authorization, Consent and Release – The undersigned hereby authorizes and consents that Holy Angels Religious Education Staff be permitted to use and publish for publicity purposes, the name and likeness of me, or for any other lawful purpose whatsoever, including electronic media.

The undersigned hereby releases Holy Angels Parish and staff from any liability in connection with such use.

Signature: _____ **Date:** _____

Please print your name: _____