## Our Lady of Guadalupe Parish Lakewood, NJ

## YOUTH R.C.I.A (1)

RITE OF CHRISTIAN INITIATION FOR YOUTH

| Last Name  |                                  | First Name   |                   |  |
|--|----------------------------------|--------------|-------------------|--|
| Street   | Town/State                       | Zipcode      |                   |  |
| Phone Number   | Date of Birth                    | Age          | Country of Birth  |  |
| S  | acraments Receiv                 | ed           |                   |  |
| Church   | Date                             | Missi        | Missing Sacrament |  |
| Baptism  |                                  |              |                   |  |
| Communion  |                                  |              |                   |  |
| Confirmation   |                                  |              |                   |  |
| Other:   Baptized in another reli  Profession of Faith  Catechumen | gion.                            |              |                   |  |
| ****PLEASE PROVIDE   | COPIES OF CERTIFICATES OF        | EACH SACRAME | NT****            |  |
| u registered member of St. Anthony                                 | or St. Mary of the Lake? YES / N | location     |                   |  |
|  |                                  |              |                   |  |
| onal comments:   |                                  |              |                   |  |

| Father:                |                              |              |              |
|------------------------|------------------------------|--------------|--------------|
| uliei.                 |                              |              |              |
| Last Name              | First Name                   | Phone Number | <br>Religion |
| Mother:                |                              |              |              |
| Last Name              | First Name                   | Phone Number | <br>Religion |
|                        |                              |              |              |
| MEDICAL INFORMATION    | N:                           |              |              |
| Any learning problems? | •                            |              |              |
|                        |                              |              |              |
| Anv medical problems t | that we have to be aware of? |              |              |
| ,                      |                              |              |              |
|                        |                              |              |              |
|                        |                              |              |              |
| Parent Signature:      |                              | Date:        |              |
|                        |                              |              |              |
|                        |                              |              |              |
|                        |                              |              |              |
|                        | <b>A</b>                     | A            |              |
|                        | \$<br>Payment Paid           | \$Balance    | _            |
|                        |                              |              |              |
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|                        |                              |              |              |
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