

ST. JUSTIN PARISH COMMUNITY
Rite of Christian Initiation For Adults
2010-2011

Participant Information

Full Name _____
Last First Middle

Maiden Name (if applicable) _____ Religion _____

Home Address: _____
Street

_____ City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail : _____

Date of Birth: _____ Place of Birth _____
City/State or Country

Father Full Name _____ Religion _____

Mother Full Maiden Name _____ Religion _____

Godparent: _____

Family Information

Spouse Name: _____ Religion _____

| Children's Names | Children's Religion |
|------------------|---------------------|
| | |
| | |
| | |

Are there any previous marriages? Yes No

If yes, please describe current status _____
