

DIOCESE OF COLORADO SPRINGS

FOR MANDATORY USE IN THE DIOCESE OF COLORADO SPRINGS
TO BE FILLED OUT ONLY BY PRIESTS, DEACONS AND QUALIFIED LAY LEADERS
AND THEN SIGNED BY A PARENT/LEGAL GUARDIAN

Rite of Christian Initiation of Adults for Children

Please, fill out using the fillable .pdf or legibly print all information

Child's legal name: _____	
Date of birth: _____ Age: _____ City/State of birth: _____ Country _____	
Father's full name: _____	
Mother's full maiden name: _____	
Legal guardian name (if different from above): _____	
Address: _____ City: _____ State: _____ Zip: _____	
Home Phone: _____ Work phone: _____	
Cell Phone: _____ E-mail: _____	
Has your child received the sacrament of: Baptism: Yes _____ No _____ Penance: Yes _____ No _____ Confirmation: Yes _____ No _____ 1 st Communion: Yes _____ No _____	Office notes: _____ _____ _____
***** <u>if previously baptized, obtain the original or a certified copy of child's baptismal certificate</u> *****	
Information on Baptism <i>if already received</i>	
Date of Baptism: _____ Church/denomination of Baptism: _____	
City of Baptism: _____ Country of Baptism: _____	
Church address: _____	
Godparents' names _____	
Did the minister say, "I baptize you in the Name of the Father, the Son, and the Holy Spirit"? _____	
Was water used for the baptism (submersion, pouring, dunking, etc.)? please specify _____	
Were the words pronounced simultaneously with the immersion, if not explain on separate sheet? _____	
Did the same minister pronounce the words & immerse your child in water (no self-immersion)? _____	
Future Godparent Information: must be at least 16 years old, practicing Catholic in good standing, and have received the Sacraments of Baptism, Confirmation, and 1 st Communion	
Godparent(s) name(s): _____	
Child's Confirmation name: _____	
Office use only	Office use only
Sacraments celebrated: Baptism: _____ Confirmation: _____ Eucharist: _____ Reconciliation: _____	
Date of Ceremony (RCIC): _____ Officiant: _____	
Certificate made: _____ Church notified: _____	
Date recorded: _____ By: _____ Date of the Certificate being mailed: _____	
For profession of faith only: _____ Date: _____ Church _____ Officiant: _____	

Family Information:

List the name(s) of any other children or other dependents who may want to become Catholic:

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

*If more space is needed please use a separate sheet of paper and check this box []

General Questions:

1. What or who has led your child to want to know more about the Catholic Faith?

2. Please describe the types of religious education your child has received:

3. What interaction has your child had with the Catholic Church to date?

4. What are the main concerns you, or your child, have about the Catholic Church:

5. Currently, which of the following statements describes your child best in regard to the Catholic Church (Please mark one):

- A) ___ He/she need much more information about the Catholic Church before they could even consider joining.
- B) ___ He/she is considering joining but still has some uncertainties.
- C) ___ He/she is fairly certain about joining, but still needs some more time of study and prayer.
- D) ___ He/she is rather certain that he/she wants to join the Catholic Church.

IMPORTANT:

Check each item above then sign and date the form. If your child's name has been changed, and it is different from their baptismal certificate, proof of that change must be submitted.

Parent/legal guardian signature: _____ Date: _____

Witnessed by Priest/Deacon/Lay Leader: _____