

Received By: _____ Date: ____/____/____

St. Thomas the Apostle Catholic Church
ORDER OF CHRISTIAN INITIATION OF ADULTS (Youth) FORM
3774 Jackson St. Riverside, CA 92503 951.689.113 ext. 207

Parent Information

FATHER'S FULL NAME: _____ Best Contact #: _____
Language: ☐ English ☐ Spanish Have you received all your sacraments? ____ Are you interested in adult Faith Formation? ____

MOTHER'S FULL NAME: _____ Best Contact #: _____
Language: ☐ English ☐ Spanish Have you received all your sacraments? ____

Are you interested in adult Faith Formation? ____

MOTHER'S MAIDEN NAME: _____ Cell # for text alerts: _____

MARITAL STATUS OF THE CHILD'S MOTHER AND FATHER: _____

ARE YOU REGISTERED AT ST. THOMAS THE APOSTLE CHURCH: ☐ Yes ☐ No?

FAMILY EMAIL(s) _____

Home Address

STREET #: _____ APT. # _____ CITY _____ ZIP CODE _____

May we publish photographs and/or video recordings of your children participating in parish events on St. Thomas the Apostle Social media pages or website? ☐ Yes, ☐ No Please Initial Here: _____

Child's Information

Child's Full Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Place of Birth (country, city, state): _____

Was your child baptized as a Catholic? _____

Was your child baptized under a different faith? ☐ Yes ☐ No

What faith was he/she baptized under? _____

Name of Church at which your child was baptized: _____

City and state of your child's baptismal church: _____

Date of your child's baptism: _____

Has your child received 1st Holy Communion? ☐ Yes ☐ No

Year he/she received 1st Communion: _____ Name of Church: _____

City and State of church: _____

Special needs: _____

Sponsor Information

Sponsor's full name: _____

Sponsor phone number: _____ Email address: _____

Street #: _____ Apt. #: _____ City: _____ Zip Code: _____

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Office Use Only

Patron Saint

Patron Saint Name: _____

Confirmation Sponsor

Name: _____

First

Last

Middle

Maiden (if Applicable)

Turned in Sponsor Form: ☐ Yes ☐ No Copy of Sponsor Confirmation Certificate ☐ Yes ☐ No

Turned in copy of catholic marriage certificate if married: ☐ Yes ☐ No

Home Parish

Received permission from their pastor to attend the OCIA process here at St. Thomas the Apostle

☐ Yes ☐ No Home Parish: _____

Parish Name

City

Mass attending: _____

Registered: ☐ Yes ☐ No Needs to Register ☐ Only for Sacramental Prep.