



# St. Mary Magdalene Catholic Community

Willowick, Ohio

## Serving the needs of God's people for 60 years!

Serving

### **APPLICATION FOR SACRAMENTS OF INITIATION**

**I am requesting the Sacrament(s) of:**  Baptism,  Confirmation,  Eucharist

*(Please check all that apply)*

Name \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_

Parish \_\_\_\_\_ E-mail address \_\_\_\_\_

*Please note: Candidates for Sacraments of initiation must be registered parishioners. If you are not registered you can do so at the parish office.*

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
City & State of Hospital

Lives with \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

#### **Birth Parent's Information (required for sacramental record book)**

Father's Name \_\_\_\_\_  
(First) (Middle) (Last)

Mother's Name \_\_\_\_\_  
(First) (Middle) (Last & Maiden)

Mother's Church \_\_\_\_\_ Father's Church \_\_\_\_\_

#### **If you are NOT BAPTIZED - STOP HERE!**

If Baptized, Church of Baptism \_\_\_\_\_ Date \_\_\_\_\_  
Church, City & State

*(Please attach a copy of your baptismal certificate which can be obtained by calling your church of baptism.)*

#### **If you are NOT CONFIRMED OR MADE 1ST EUCHARIST - STOP HERE!**

**If you HAVE BEEN CONFIRMED OR MADE 1ST EUCHARIST IN ANOTHER CHRISTIAN CHURCH CONTINUE!**

If Confirmed, Church of Confirmation \_\_\_\_\_ Date \_\_\_\_\_  
Church, City & State

If have made 1st Eucharist, Church of Eucharist \_\_\_\_\_ Date \_\_\_\_\_  
Church, City & State

**Deadline September 1, 2008** for those wishing to receive Baptism, Confirmation or Eucharist in the Spring of 2009!

**Fee for Sacramental Preparation Program is \$40. Financial Assistance Available.**