



# ST. ANTHONY'S CATHOLIC CHURCH

## Request for RCIA RITE OF CHRISTIAN INITIATION FOR ADULTS

NAME: SURNAME	GIVEN NAMES: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH: MONTH/DAY/YEAR	PLACE OF BIRTH: CITY/COUNTRY
CHURCH OF BAPTISM: PARISH NAME/CITY/COUNTRY	DATE OF BAPTISM: MONTH/DAY/YEAR
FATHERS NAME: SURNAME	GIVEN NAMES:
MOTHER'S NAME: SURNAME/MAIDEN NAME	GIVEN NAMES:
CONTACT INFORMATION: ADDRESS	CELL PHONE: EMAIL:
SIGNATURE:	DATE:
SPONSOR: SURNAME	GIVEN NAMES: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE & PARISH OF BAPTISM:	DATE & PARISH OF CONFIRMATION:

PLEASE PROVIDE A COPY OF THE APPLICANT'S BAPTISM CERTIFICATE or BIRTH CERTIFICATE.

PLEASE PROVIDE A COPY OF THE SPONSOR'S CONFIRMATION CERTIFICATE or BAPTISM RECORD NOTING CONFIRMATION.

St. Anthony's Church  
5340 4<sup>th</sup> St. SW, Calgary, AB T2V 0Z5



403 -252-1137  
403-255-7796



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