ST. MARTIN OF TOURS

Order of Christian Initiation of Adults 2026 -2027

What Sacraments are you seeking? _____

Full Name – (include maiden, if applicable) _____

Address – street, city, zip_____

Best phone number to reach you_____

Email_____

Date of Birth_____ Age_____

Place of Birth (city, state, country) _____

Your marital status (circle one): single married widow/widower divorced separated common-law

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Your mother's full name (include maiden) _____

Your father's full name_____

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Present Religious affiliation_____

Have you received the following sacraments

_____Baptism – Name of church, city, state_____

_____Holy Communion – Name of church, city, state_____

_____Confirmation – Name of church, city, state_____

PLEASE NOTE:
We will need a newly issued copy of your baptismal certificate prior to receiving the sacraments. (if applicable)

(for office use only)

Registered in parish_____ Baptismal Cert. received_____

Notes_____

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Revised 8/12/2026