

Sts. Peter & Paul Catholic Church
Adult Sacramental Sign up

5300 Old Howell Branch Road
Winter Park, FL 32792

Today's Date: _____

Legal Name: First _____ Middle: _____ Last: _____

Maiden Name (if applicable): _____

Date of Birth: _____ Place of Birth (City, State, Country) _____

Full Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening and Weekend Phone: _____

Cell/Mobile Phone _____ Occupation: _____

Email Address: _____

PARENTAL INFORMATION:

Legal Name of Father: _____ Legal Name of Mother: _____

RELIGIOUS HISTORY:

Current Religious Affiliation: _____

Have you been baptized: Yes _____ No _____

If yes what denomination were you baptized? _____

Date of Baptism: _____ Age at time of Baptism: _____

Place of Baptism: Church Name: _____ Country: _____

Full Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Catholic Sacraments Received:

Penance/Confession Date: _____ Church Name: _____

First Communion Date: _____

Church Name: _____ Country: _____

Full Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Confirmation Date: _____

Church Name: _____ Country: _____

Full Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

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MARITAL STATUS:

Check the appropriate statement(s) below and provide information requested beneath each statement.

____ I have never been married.

____ I am engaged to be married.

Your fiancé(e)'s Name : _____

Your fiancé(e)'s Current Religious Affiliation (if any): _____

For you: Is this your first marriage: Yes _____ No _____

For your fiancé(e): First Marriage Yes _____ No _____

____ I am married.

Your spouse's Name: _____

Your spouse's Current Religious Affiliation (if any): _____

Date of marriage: _____

Officiating Authority of Marriage

Catholic Cleric _____ Civil government _____ Non-Christian Minister _____ Christian Minister _____

Place of marriage: Country: _____

Full Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

For you: Is this your first marriage: Yes _____ No _____

For your spouse's First Marriage Yes _____ No _____

____ I am married, but separated from my spouse.

____ I am divorced and I have not remarried.

____ I am a widow/widower and have not remarried since my spouse's death.