

**Saint Raphael Parish
501 Naugatuck Ave
Milford, CT 06460**

Adult Sacrament Information Form

Information on this form is held in confidence and is not shared without your permission.

Today's Date: _____

Name: First _____ Middle _____ Last _____

Maiden Name (if applicable): _____

Date of Birth: _____ Age: _____

Place of Birth: _____

Name of Father: _____

Name of Mother: _____

CONTACT INFORMATION

Full Mailing Address: _____

Phone: Daytime _____ Evening/Weekend: _____

Cell/Mobile Phone: _____ Occupation: _____

E-mail _____

RELIGIOUS HISTORY

1. What, if any, is your present religious affiliation? _____

2. Have you ever been baptized? Yes _____ No _____ I am not sure _____

If you answered "Yes" to Question 2, please provide the following information.

a. In what denomination were you baptized? _____

b. Date or your approximate age when you were baptized? _____

c. Baptismal name (if different from current name): _____

d. Place of Baptism (name of Church/denomination): _____

e. Address, if known: _____

f. Location, if known: _____

3. If you were baptized as a Catholic, check the Sacraments you have already received?

Penance (Confession) _____ Eucharist/First Communion _____

Confirmation _____

4. If you were baptized as a Catholic, please list the parish where you are currently practicing?

CURRENT MARITAL STATUS

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

_____ 1. I have never been married.

_____ 2. I am engaged to be married.

a. Your fiancé(e)'s Name: _____

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

c. For you: _____ This is my first marriage. _____ I have been married before.

d. For your fiancé(e): _____ This is his/her first marriage. _____ My fiancé(e) has been married before.

_____ 3. I am married:

a. Your Spouse's Name: _____

b. Your Spouse's current Religious Affiliation (if any). _____

c. For you: _____ This is my first marriage. _____ I have been married before.

d. For your spouse: _____ This is my spouse's first marriage.
_____ My spouse has been married before.

e. Date of Marriage: _____

f. Place of Marriage: _____

g. Officiating Authority of Marriage: _____
(civil government, non-Christian minister, Christian minister, Catholic cleric)

_____ 4. I am married, but separated from my spouse.

_____ 5. I am divorced and I have not remarried.

_____ 6. I am a widow/widower and have not remarried since my spouse's death.

FAMILY INFORMATION

List the name(s) of any children or other dependents (e.g., Daughter – Jane; Stepson – John)

Relationship: _____ Name: _____ Age: _____

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Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____