St. Raymond of Peñafort Catholic Church



3475 S.W. 17th St., Miami, Florida 33145

Telephone: 305.446.2427 Fax: 305.445.7448 secretary@straymondchurch.com

ADULT SACRAMENTAL REGISTRATION

NAME:		
ADDRESS:		
TELEPHONE:	EMAIL:	
DATE OF BIRTH: CITY/STATE/ COUNTRY OF BIRTH:		
SACRAMENTAL INSTRUCTI	ONS FOR:	
[] BAPTISM	1 [] COMMUNION	[] CONFIRMATION
your Baptis If requesting	ng instructions for Communion or Conf im Certificate. ng instructions for Confirmation, all ma from a Catholic Church.	firmation, you MUST bring a copy of arried persons must present a Marriage
	SACRAMENTAL INFORMAT	TION
CHURCH WHERE BAPTIZED):	
FATHER:	MOTHER: (Maiden Name):	
	COMMUNION:	
] SINGLE [] MARRIED [] DIVOR	
	DATE and PLACE:	
CIVIL WEDDING.	DATE UND LACE.	
Requirements for Confirm	ation Sponsor:	
Complying with his	s/her faith commitments.	
Having received th	ne sacraments of: Baptism, Holy Comm	nunion and Confirmation.
-	n Law requirements to perform the ro	
married by the Ch	urch, who fail to bring their children ir	nto the Catholic Faith and do not practice
the Faith in a habi	tual manner are considered to not be	in compliance with the Canon Law.)
4. Sponsor (man or v	voman) cannot be the fiancé, spouse c	or parents.
*******	*****	
FOR OFFICE USE ONLY:		
Application Accepted By:	Date/ Initials:	
Record Book Updated:	Date/ Initials:	
Electronic Record Updated:	Date/ Initials:	
Certificate Picked-Up:	Date/ Initials:	
Certificate Mailed To:	Date/ Initials:	