

SACRAMENT REQUEST (RECEPTION)
Good Shepherd Catholic Church
Tallahassee, Florida

I WISH TO CELEBRATE THE RITE OF RECEPTION INTO THE FULL COMMUNION OF THE CATHOLIC CHURCH AND TO RECEIVE MY REMAINING SACRAMENTS OF INITIATION (CONFIRMATION AND EUCHARIST) AND RECONCILIATION.

Name: _____ (as you wish to be recognized at Mass)

Name: _____ (official name to appear in church records;
same name as on baptismal certificate)

Confirmation Name: _____ (may be your name or a saint's name)

Current Address: _____ (full details)

Current Phone Number: (_____) _____

Date of Birth: _____ Place of Birth: _____ (city and state)

Father's Full Name: _____

Mothers Full Name: _____ (_____ maiden name)

Baptism Date: _____ Name of Church: _____

Denomination of Church: _____

City: _____ State: _____

please make sure we have a copy of the Baptismal certificate/record

Sponsor: _____

Sponsor's Parish: _____

City & State of Parish _____

(letter of parish participation required if not a member of Good Shepherd)

of guests including your sponsor expected to attend celebration of your Rite: _____