Saint James the Apostle and Our Lady of the Lake/Mount Carmel Parish
ORDER OF CHRISTIAN INITIATION OF TEENS APPLICATION

Name	Place of Birth	DOB
Email	Home Phone	Cell Phone
Current Address		
City	State	Zip Code
BAPTIZED? YES □ NO □		
If "YES" When? (date) Religious Denomination		
Where? (Name of Church/Parish) Address		
For RCIT Registrations Only:		
School Attending:		
Grade:		
Catholic Confirmation Name What Saint's Name Do You Choose to Take? (may **be chosen later**)		

Parents Information – Catechumens (those to be baptized) **Only**			
	First Name	Last Name	Mother's Maiden Name
Father			
Mother			

Please answer below why you wish to become a Catholic or choose at this time in your life to complete your Sacraments of Initiation. Please be as detailed as possible.

Sponsor(s) Name (MAY BE SUPPLIED LATER_____

***** MUST HAVE A CURRENT BAPTISMAL FORM FOR ALL CANDIDATES *****