

Sacramental Information Form—Adults
St. Cyril of Alexandria Catholic Church

DATE: _____

SACRAMENTS	YES I HAVE	NO I HAVE NOT	I WANT TO
BAPTISM			
FIRST EUCHARIST			
RECONCILIATION (CONFESSION)			
CONFIRMATION			

****** THE ORIGINAL OR A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE IS REQUIRED ****
FOR THE FOLLOWING INFORMATION**

FULL LEGAL NAME:

FIRST

MIDDLE

LAST

MAIDEN NAME

PRESENT ADDRESS:

HOUSE #

STREET

APT #

CITY

STATE

ZIP

PHONE:

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HOME

WORK

CELL

USER EMAIL:

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DATE OF BIRTH (mm/dd/yyyy)	AGE	CITY & STATE OF BIRTH	COUNTRY
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INFORMATION ON BIOLOGICAL PARENTS

FATHER'S FULL NAME	MOTHER'S FULL MAIDEN NAME
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**IF YOU HAVE BEEN BAPTIZED BEFORE,
PLEASE FILL OUT THE INFORMATION ON THE BACK OF THIS SHEET.**

*Sponsors must be at least 16 years of age, be practicing Catholics, and have received the Sacraments of
Baptism, First Eucharist and Confirmation*

IF YOU ARE BEING BAPTIZED, PLEASE PROVIDE THE FOLLOWING:

NAME OF SPONSOR: _____

IF YOU ARE BEING CONFIRMED, PLEASE PROVIDE THE FOLLOWING:

NAME OF SPONSOR: _____

CHOSEN SAINT NAME: _____

** Please complete the Marriage History Form

For more information, please contact Sr. Rosalie Karstedt, C.D.P. at 713-554-1556

BAPTISM INFORMATION

**** THE ORIGINAL OR A CERTIFIED COPY OF YOUR BAPTISMAL CERTIFICATE IS REQUIRED ****

WAS IT A CATHOLIC BAPTISM? YES NO

DATE OF BAPTISM (mm/dd/yyyy):

CHURCH OF BAPTISM:

CITY OF BAPTISM:

COUNTRY OF BAPTISM:

CHURCH ADDRESS:

BAPTISMAL GODPARENT(S)

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MARRIAGE HISTORY—SACRAMENTAL PREPARATION

Full Legal Name: _____ Maiden Name: _____

1. Have you ever been married in any way?	YES	NO
2. Are you living with someone now?	YES	NO
3. Are you engaged to be married? <i>**See engaged section.</i>	YES	NO
4. Are you married now in any way? <i>**See married section.</i>	YES	NO
5. Are you married, but separated?	YES	NO
6. Have you been married before?	YES	NO
7. Are you divorced and HAVE NOT remarried?	YES	NO
8. Are you divorced, and HAVE remarried?	YES	NO
9. Are you in the process of a divorce?	YES	NO
10. Are you a widow/widower and HAVE NOT remarried since spouse's death.	YES	NO
11. Are you a widow/widower and HAVE remarried since spouse's death.	YES	NO

SPOUSE'S NAME	
SPOUSE'S EMAIL ADDRESS	
SPOUSES'S HOME PHONE	SPOUSE'S CELL OR WORK PHONE

For marriage inquiries contact: Aida Silva, 713-554-1563
For annulment questions contact: Deacon Dolpher, 713-554-1557

IMPORTANT: Read and check each item below, then sign and date the form.

If your name has been changed, and is different from your Baptism Certificate, proof of change must be submitted. Name now: _____	Does Not Apply	
I understand that if I, or my spouse, have previously been married or are not married according to the Laws of the Catholic Church, that this situation will affect my preparation for, and celebration of, the Sacraments.	YES	NO
I acknowledge my responsibility for taking the necessary steps to resolve the issue.	YES	NO
I will make an appointment with a member of the pastoral staff to discuss the issue.	Does Not Apply	

Signature	Date	Staff Signature	Date

MARRIAGE HISTORY, CONT'D

ENGAGED SECTION

Fiancé(e)'s Name:

Fiancé(e)'s Current Religious Affiliation (if any):

	You	Fiancé(e)
This will be my first marriage	YES NO	YES NO
Has your Fiancé(e) been married before?	YES NO	YES NO
If yes, how many times and please fill out Marriage History for him/her.		

MARRIED SECTION (Your Current Marriage)

Date of Marriage:

Place of Marriage (City, State, Country):

Officiating Authority of Marriage (*circle one*):

Civil Government Non-Christian Minister Christian Minister Catholic Cleric Other _____

Your Spouse's Name:

Your Spouse's Current Religious Affiliation (if any):

	You	Spouse
This is my first marriage	YES NO	YES NO
I was married before this current marriage	YES NO	YES NO
If yes, how many times	#	#

MARRIED SECTION (former Marriage)

Date of Marriage:

Place of Marriage (City, State, Country):

Officiating Authority of Marriage (*circle one*):

Civil Government Non-Christian Minister Christian Minister Catholic Cleric Other _____

Your Ex-Spouse's Name:

Your Ex-Spouse's Current Religious Affiliation (if any):

	You	Ex-Spouse
This was my first marriage	YES NO	YES NO

MARRIAGE HISTORY, CONT'D

MARRIED SECTION (Your Fiancé(e)'s Former Marriage)		
Date of Marriage:		
Place of Marriage (City, State, Country):		
Officiating Authority of Marriage (<i>circle one</i>):		
Civil Government Non-Christian Minister Christian Minister Catholic Cleric Other _____		
Your Spouse's Name:		
Your Spouse's Current Religious Affiliation (if any):		
	You	Spouse
This is my first marriage	YES NO	YES NO
I was married before this current marriage	YES NO	YES NO
If yes, how many times	#	#