AMBASSADORS FOR CHRIST

ST. CATHERINE OF SIENNA CATHOLIC CHURCH



The Missionary Society of St. Paul (M.S.P.)

421 St. Patrick Street Donaldsonville, Louisiana 70346

Phone: (225) 473-8350 Fax: (225) 473-9978

(Enrollment form for Non-Catholics in the ing	uiry process	of being received	<u>l into the Catholic Christian</u>
Church through the Sacrament of Initiation)			
Full Name (first, middle, last)			
Mailing Address			
Street Address (if different from above)	An all the second se		
Home Thone	Cell Ph	one	
Place of Employment		E-Mail address_	
Date of BirthCity of	of Birth		
If you have been baptized in any Christian denom	ination, ple	sse answer the fo	llowing two questions: *
*Date of Baptism (approximate date/year if not	swre)		
*Date and City of your First Communion			
Father's Full Name		***************************************	
Father's Religion	_Living		Deceased
Mother's Full Name (include maiden name)			
Mother's Religion	_Living	D	eceased
If you are married, please answer the following:			
Full name of your spouse			
His Her Religion	_Your Rel	igion	
Were you married in the Catholic Church? Yes	Л	lo(please check only one)
Date of Catholic Church Mavriage			
City of Marriage	Stat	e of Mavriage	
City and State of Civil Marriage			
Is your present marriage your lirst? Yes N	o Uoi	vi Sponsor	a.