

# St. Peter's Parish Teens Seeking Christian Initiation

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## Application Data

After you complete and print the form, please submit it to the Parish Office or to the Faith Formation Coordinator. Thank-you.

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### Tell us about yourself:

#### NAME

Full First Name \_\_\_\_\_

Full Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

#### ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

#### PARENTS:

Father's Full Name \_\_\_\_\_

Father's Religion \_\_\_\_\_

Mother's Full **Maiden** Name \_\_\_\_\_

Mother's Religion \_\_\_\_\_

**BIRTH DATE** Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**BIRTH PLACE** City \_\_\_\_\_ Province \_\_\_\_\_

Country \_\_\_\_\_

**Were you baptized outside the Catholic Church? Tell us about your Baptism:**

**BAPTISM DATE** Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**BAPTISM PLACE** City \_\_\_\_\_ Province \_\_\_\_\_

Country \_\_\_\_\_

**BAPTISM CHURCH,** \_\_\_\_\_

**DENOMINATION** \_\_\_\_\_

**BAPTISM MINISTER** \_\_\_\_\_

**BAPTISM GODPARENTS** \_\_\_\_\_

**NOTE:** *Please include a copy of your BAPTISMAL CERTIFICATE.*

**Who is going to be your SPONSOR?**

(A fully initiated Catholic over the age of 16, not your parent or your child, and preferably not anyone you are likely ever to marry.)

**NAME**

Full First Name

Full Middle Name

Full Maiden Name  
(if female)

Last Name

\_\_\_\_\_

**ADDRESS**

Street \_\_\_\_\_

City \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail: \_\_\_\_\_

Is there anything you would like to tell us about your faith journey so far?

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\_\_\_\_\_  
\_\_\_\_\_  
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