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APPLICATION FOR SACRAMENTS OF INITIATION 2021-22

I am requesting these Sacrament(s): (check all that apply)

BAPTISM **CONFIRMATION** **EUCCHARIST**

(Please Print)

NAME of Adult or Child Candidate (age 7 & over) _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ E-Mail: _____

HOME PHONE: (____) _____ CELL: (____) _____

(Please Note: Candidates for Sacraments of Initiation (or their family) must be registered members of the parish. If you are not registered, you can do so at the parish office. Please see Shawn about exceptions.)

For Parents/Guardians of Child Candidates Only::

(Mom's Email) _____ Mom's Cell: _____ TXT? Yes or No?

(Dad's Email) _____ Dad's Cell: _____ TXT? Yes or No?

If you have a SmartPhone, would you be willing to download the OLL parish app? Yes or No?

Candidate's PLACE OF BIRTH: _____ DOB: _____ AGE: _____

(City & State of Hospital)

Current Grade in School: _____ Name of School: _____ City: _____

Candidate Lives with: _____ Relationship to Applicant: _____

BIRTH PARENT'S INFORMATION (Required for Sacramental Records)

FATHER'S NAME: _____

(First)

(Middle)

(Last)

MOTHER'S NAME: _____

(First)

(Middle)

(Last)

(Maiden Name)

MOTHER'S CHURCH: _____ FATHER'S CHURCH: _____

Parent Media Permission → May we take pictures or video of your child for Parish purposes and use in parish bulletin, promotional materials and/or parish social media? _____ Yes _____ No

Parent/Legal Guardian Signature _____ Date: _____

If Candidate is NOT BAPTIZED → STOP HERE!

If Baptized, Church of Baptism: _____ DATE: _____

(Church, City & State)

(Please attach a copy of your baptismal certificate which can be obtained from the church where you were baptized.)

If Candidate is NOT CONFIRMED OR MADE FIRST EUCCHARIST → STOP HERE

If Candidate Has RECEIVED FIRST EUCCHARIST OR BEEN CONFIRMED, → CONTINUE

Church of First Eucharist: _____ Month/Year: _____

(Church, City & State)

Church of Confirmation: _____ Month/Year: _____

(Church, City & State)

**Fees for Sacramental Preparation Materials: \$50.00 for Adults and \$40.00 for Children (Financial Assistance Available)
All Checks Payable to: Our Lady of the Lake**

For Office Use → Amt Paid: _____ Cash _____ Check # _____ Date: _____ For Sacraments: _____ Initials: _____