

# FOR RECEPTION

## Information Blank

Date of Application \_\_\_\_\_

Full Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

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

Mother's Full Name \_\_\_\_\_

Previous Religious Affiliation \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Name of Church \_\_\_\_\_

Place of Baptism \_\_\_\_\_

In what Denomination \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Name of Church \_\_\_\_\_

Place of Confirmation \_\_\_\_\_

In what Denomination \_\_\_\_\_

Remarks \_\_\_\_\_

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