

RITE OF CHRISTIAN INITIATION OF ADULTS

NAME : _____

ADDRESS: _____

Please indicate the best time to contact.

TELEPHONE (day): _____ (evening) _____

DATE OF BIRTH: _____ CITY/STATE: _____

BAPTIZED (YES/NO): _____

DATE OF BAPTISM (month/day/year): _____

CHURCH/DENOMINATION: _____

CONFIRMED (YES/NO): _____

MARRIED (YES/NO): _____

DATE OF MARRIAGE (month/day/year): _____

Please contact Charlotte Henderson @ 410-879-8881 or
chenderson@saintmarkfallston.org or send this form to:

The Church of St. Mark
812 Reckord Rd.
Fallston, MD 21047
ATTN: Charlotte Henderson