

## 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](mailto:chenderson@saintmarkfallston.org) or send this form to:

The Church of St. Mark  
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ATTN: Charlotte Henderson