

**Please complete the following forms for each adult catechumen,
child of catechetical age and adult candidate.
Return by January 16, 2006 to the Prayer, Worship, and Evangelization Office.
Make as many copies as needed.**

ADULT CATECHUMENS

Include sponsor information if it is available at this time.

Please Print

Catechumen's Name

Projected date of Initiation (month/year)_____

Date of entry ('Acceptance') into the Catechumenate (month/year)_____

Sponsor's Name

Please Print

Catechumen's Name

Projected date of Initiation (month/year)_____

Date of entry ('Acceptance') into the Catechumenate (month/year)_____

Sponsor's Name

Archdiocese of Milwaukee
Prayer, Worship, & Evangelization Office
3501 South Lake Drive
Milwaukee, WI 53207-0912
414-769-3349 / 1-800-769-9373 ext. 349
Fax: 414-769-3327 (P, W, & E Fax Only)

CHILDREN OF CATECHETICAL AGE (NOT BAPTIZED)

Include sponsor information if it is available at this time.

Please Print

Child's Name

Age _____

Projected date of Initiation (month/year) _____

Date of entry ('Acceptance') into the Catechumenate (month/year) _____

Sponsor's Name/Address

Please Print

Child's Name

Age _____

Projected date of Initiation (month/year) _____

Date of entry ('Acceptance') into the Catechumenate (month/year) _____

Sponsor's Name/Address

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ADULT CANDIDATES TO BE RECEIVED INTO FULL COMMUNION

Include sponsor information if it is available at this time. *Please Print*

Name of Candidate

Name of Sponsor

Projected date of Reception (month/year)_____

Name of Candidate

Name of Sponsor

Projected date of Reception (month/year)_____

Name of Candidate

Name of Sponsor

Projected date of Reception (month/year)_____

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BAPTIZED / UNCATECHIZED ADULT CATHOLICS

Include sponsor information if it is available at this time.

Name of Candidate

Name of Sponsor

Projected Date of Reception (month/year) _____

Name of Candidate

Name of Sponsor

Projected Date of Reception (month/year) _____

Name of Candidate

Name of Sponsor

Projected Date of Reception (month/year) _____

Name of Candidate

Name of Sponsor

Projected Date of Reception (month/year) _____

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