

RITE OF ELECTION 2008

Cathedral of St. John the Evangelist
10 February 2008 - 1:30 & 3:30pm

Cathedral of St. John the Evangelist
17 February 2008 - 1:30 & 3:30pm

*Please complete this form and email/mail/fax by January 4, 2008 to:
Office for Prayer and Worship, 3501 South Lake Drive, Milwaukee, WI 53207-0912,
Office 414-769-3348 • Fax 414-769-3327 • oremus@archmil.org*

Parish Name _____

City/Town _____ Parish Code & District Number _____

Name of person completing this form _____

1. Name of contact person for the Catechumenate

*(Please print legibly: **This is the person to whom we will send further instructions.**)*

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

2. Will your parish be participating in the Rite of Election? Yes No

3. We have the Catechumenate in place at this time. Yes (continue with survey) No (end of survey)

If you answered no, please return. If you answered yes, please continue to complete this form.

4. A. Number of Adult Catechumens _____

B. Number of Children of Catechetical Age (not baptized) _____

C. Number of Adult Candidates for Full Communion _____

D. Number of Baptized/Uncatechized Adult Catholics _____

E. Number of Sponsors total for all of the above _____

F. Person(s) (no more than 2) designated to call names _____

Please do not include guests in your count Total _____

If the answer to question #3 is yes, the total of the above numbers represents the number of seats that will be reserved for you in the Cathedral. While it may be difficult to know by January 4 precisely how many seats to reserve, please refrain from overbooking. Call the Office for Prayer and Worship as soon as you know that you may need fewer or greater number of seats.

5. At which date and time would you like the above number of seats reserved?

Please number your choices in the order of your preference e.g., 1 for your 1st choice, 2 for your 2nd choice, 3 for your 3rd choice, and 4 for your final choice. Please mark all four choices with an answer.

10 February: ____ 1:30pm ____ 3:30pm 17 February: ____ 1:30pm ____ 3:30pm

(Please mark all four with a preference)

*There are a limited number of seats available for each celebration. **Your seat location will be determined according to the date and time we receive these forms from you: post mark or fax date/time stamped.** Please make a first, second, third and fourth choice. You will be notified of your seating assignment in a subsequent mailing, along with further instructions.*

If you are planning on seating as a cluster/district or collaborative group please let us know and if possible submit all the forms together with appropriate parishes indicated on each form.

**Please complete the following forms for each adult catechumen,
child of catechetical age and adult candidate.
Return by January 4, 2008 to the Prayer and Worship 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: _____

Catechumen's Name: _____

Projected date of Initiation (month/year) _____

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

Sponsor's Name: _____

Catechumen's Name: _____

Projected date of Initiation (month/year) _____

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

Sponsor's Name: _____

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Projected date of Initiation (month/year) _____

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Sponsor's Name: _____

Catechumen's Name: _____

Projected date of Initiation (month/year) _____

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

Sponsor's Name: _____

Catechumen's Name: _____

Projected date of Initiation (month/year) _____

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

Sponsor's Name: _____

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: _____

Child's Name: _____

Age _____ Projected date of Initiation (month/year) _____

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

Sponsor's Name/Address: _____

Child's Name: _____

Age _____ Projected date of Initiation (month/year) _____

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

Sponsor's Name/Address: _____

Child's Name: _____

Age _____ Projected date of Initiation (month/year) _____

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

Sponsor's Name/Address: _____

Child's Name: _____

Age _____ Projected date of Initiation (month/year) _____

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

Sponsor's Name/Address: _____

Child's Name: _____

Age _____ Projected date of Initiation (month/year) _____

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

Sponsor's Name/Address: _____

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): _____

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): _____

BAPTIZED / UNCATECHIZED ADULT CATHOLICS

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) _____

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) _____

Archdiocese of Milwaukee
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