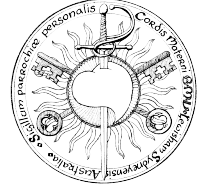




# Maternal Heart of Mary Church, Lewisham

## Priestly Fraternity of St Peter

### Reception of Christian Convert



Family Name: \_\_\_\_\_

Christian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's (*Maiden*) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Denomination: \_\_\_\_\_

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

Date of Reception: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Minister: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Sponsa: \_\_\_\_\_

Will the person also receive the Sacrament of Confirmation in the same rite of reception into the Catholic Church?

☐ Yes. Confirmation name: \_\_\_\_\_

☐ No, will receive later.

☐ No, already validly confirmed, as follows:

Date of Confirmation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rite: \_\_\_\_\_

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