

**SAINT FRANCIS XAVIER CATHOLIC CHURCH**  
**THE RITE OF CHRISTIAN INITIATION OF ADULTS**  
**INTEREST FORM**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

*Last*

*First*

*Middle*

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

*City*

*State*

*Zip Code*

Email address: \_\_\_\_\_

Best phone number to reach you by: \_\_\_\_\_

Are you baptized? \_\_\_\_\_ If yes, Catholic? \_\_\_\_\_ Other, which? \_\_\_\_\_

If Catholic, have you received Communion? \_\_\_\_\_ Confirmation? \_\_\_\_\_

Are you currently married? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

Are you divorced? \_\_\_\_\_ Are you remarried? \_\_\_\_\_

Send to: Deacon Sherman H. Otto  
St. Francis Xavier Church  
223 19<sup>th</sup> St. NW  
Buffalo, MN 55313