

RITE OF ELECTION AND CALL TO CONTINUING CONVERSION
R.S.V.P.

Parish Name: _____

RCIA / OCI Coordinator: _____

Phone Number: _____

E-Mail Address: _____

Number of:

Catechumens: _____ (total) _____ (attending) + _____ (Sponsors attending)

Candidates: _____ (total) _____ (attending) + _____ (Sponsors attending)

Others (eg. team members): _____ (attending)

Please list the names of any Priests or Deacons from your parish who will be vesting?

Please indicate if any participants have special needs (interpretation for the deaf; wheelchair access, etc.) that need to be addressed.

Please return this form to:

Dr. Patricia DeJarnett

Office for Divine Worship

2401 Lake Park Drive, SE

Smyrna, GA 30080

Fax: 404-920-7336

Phone: 404-920-7335

E-mail: odw@archatl.com