

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



RITE OF ELECTION R.S.V.P.

Parish Name: _____

RCIA / OCI Coordinator: _____

Phone Number: _____

Email Address: _____

Number of Catechumens attending: _____

Number of Sponsors attending: _____

Others (e.g., team members) attending: _____

Our parish also has _____ catechumens who will not be able to attend the Rite of Election.

Is there a priest joining you who will be vesting and will not be sitting with his parish? If so, please include his name.

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 us by Saturday, January 15

Number of candidates in your program _____

I need to report this to the USCCB

Please return this form to:

The Office for Divine Worship, Rite of Election Archdiocese of Atlanta

2401 Lake Park Dr. S.E., Smyrna, GA 30080

Or email to: odw@archatl.com