

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 Friday, January 27**

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: [ymunoz@archatl.com](mailto:ymunoz@archatl.com).