



RCIA Enquiry Form

(Please print)

Date	e of birth:					_
Tele	ephone:	Ema	nil:			-
Fath	ner's full name:					
Motl	her's full name:					
Hav	e you been baptised bef	ore? YES / NO				
	If yes:					
	Denomination:					
	Date of Baptism:					
	Place of Baptism:					
	(Please attach a co	ppy of your Baptis	sm Certificate)			
Hav	e you received any of th	e following Sacram	ents?			
	 Reconciliation 	□ First Holy	Communion	□ Confirma	ation	
Curr	rent Marital Status:	Single Married	Separated Divorce	ed Widowed	I	
	Spouse's Full Name:					
Date of Marriage: Place of Marriage:						
	Name(s) of children:					
Spo						
	Mobile:	Ema	il:			
Sigr	ned:		Date:			
\square ν	We consent for data colle	ection				
inforr	acy orivacy of all individuals is import mation we collect and hold. Our acy Collection Statement					ıal
The p We co perso provious donat may	parishes, school and agencies of the ollect personal information direct on all information to fulfil the missing de you with other services and putions and to comply with our legant on the able to provide you with olls and agencies and service provides and agencies and service provides.	tly from you and may also ion and directions of our o products you are seeking, al and regulatory requirem the services or products	o collect personal information organisation, to minister the sto communicate with you about the communicate with you about the personal information of the personal information of the personal information or the personal information of the personal inform	passively through sacraments and proport the services artion you provide is	n our website. We collect you covide pastoral care to you, and products we offer, to soli s incomplete or inaccurate, we	to icit we
Office Use Only						
	□ Interviewed □	Approved	□ Catechumen/Candi	idate	□ Annulment	