



Registration Form for RCIA Candidates

First Name _____ Surname _____

Address _____ Postcode _____

Phone Number _____ Mobile _____

Email _____ Gender M F

Date of Birth _____ Place of Birth _____

Father's Name _____ Religion _____

Mother's Name (Maiden Surname) _____ Religion _____

SACRAMENTS RECEIVED

Have you already been Baptised , Confirmed or made your First Holy Communion ?

If so, please indicate:

BAPTISM Which Church _____

Where _____ When _____

CONFIRMATION Which Church _____

Where _____ When _____

HOLY COMMUNION Which Church _____

Where _____ When _____

MARITAL STATUS Single Married Living Together

If married, which church? _____ Where _____ When _____

Spouse's Name _____ Religion _____

Names and ages of any children

Have you or your partner been married before? YES NO

If yes, please give details _____

