



RCIA APPLICATION FORM 2027

NAME

ADDRESS

.....

..... POST CODE

TEL: HOME MOBILE

E-MAIL ADDRESS

SINGLE ENGAGED MARRIED

SEPARATED DIVORCED REMARRIED

WIDOWED

D. O. B. PLACE OF BIRTH

HAVE YOU BEEN BAPTISED? WHEN

WHERE DENOMINATION

WHO INTRODUCED YOU TO RCIA?

.....

IT IS HELPFUL TO SAY BRIEFLY WHY YOU WANT TO BECOME A CATHOLIC?

.....

.....

.....

..... (CONTINUE OVERLEAF IF NECESSARY)

☐

Kindly mark ✓ to signify your consent in giving us permission to keep your personal details in our records. And that you allow us to send information and updates about parish events and related communications. Kindly sign the space provided below please.

Date: _____

When Completed, please return to Parish Office