INITIAL ENQUIRY FORM WITH REGARD TO RECEPTION INTO THE CATHOLIC CHURCH

PHOTO

PLEASE USE CAPITAL LETTERS THROUGHOUT AND RETURN BY AUGUST

DATE OF BIRTH:ADDRESS:PHONE (HOME):	(MOBILE):
RELIGIOUS PRACTICE	
	S OF THE CHURCH YOU HAVE BEEN ATTENDING:
FOR HOW LONG HAVE YOU BEEN ATTE	ENDING THIS CHURCH?
HOW OFTEN DO YOU GO? ☐ WEEK	KLY MONTHLY OCCASIONALLY
SACRAMENT OF BAPTISM	
NAME AND ADDRESS OF CHURCH:	DATE:
SACRAMENT OF THE EUCHARIST	
HAVE YOU RECEIVED HOLY COMMUNIC	ON2 DATE:
NAME AND ADDRESS OF CHURCH:	UN:
NAME AND ADDRESS OF CHURCH: MARITAL STATUS	
	THAT APPLIES TO YOU:
MARITAL STATUS PLEASE TICK ANY OF THE FOLLOWING I HAVE NEVER MARRIED (SINGLE) I AM MARRIED	THAT APPLIES TO YOU: I AM DIVORCED I AM DIVORCED AND REMARRIED OTHER:
MARITAL STATUS PLEASE TICK ANY OF THE FOLLOWING I HAVE NEVER MARRIED (SINGLE) I AM MARRIED I AM MARRIED AND SEPARATED	THAT APPLIES TO YOU: I AM DIVORCED I AM DIVORCED AND REMARRIED OTHER:
MARITAL STATUS PLEASE TICK ANY OF THE FOLLOWING I HAVE NEVER MARRIED (SINGLE) I AM MARRIED I AM MARRIED AND SEPARATED REASON(S) FOR WANTING TO JOIN	THAT APPLIES TO YOU: I AM DIVORCED I AM DIVORCED AND REMARRIED OTHER:

AFTER THE CONFIRMATION PROGRAMME, YOUR DETAILS WILL BE ENTERED INTO THE PARISH REGISTER.
YOU CAN READ OUR FULL PRIVACY POLICY ON RCDOW.ORG.UK/DIOCESE/PRIVACY-POLICY