The English Martyrs And St John the Evangelist Parish R.C.I.A.

(Rite of Christian Initiation of Adults)

REGISTRATION FORM 2024-2025

Name:	Date:	
Home Phone:	Cell Phone:	Text okay?
E-mail:		Age:
Mailing Address:		
House No./Street		Post Code
Sacraments you are Requesting:	Baptism First Commur	nion Confirmation
Or: I am curious abou	tt the Catholic faith and not seekin	g any Sacraments at this time.
Are you currently going to Mass	on a weekly basis?	
No. How often do you	typically attend Mass?	
Yes. Which Didcot Ma	ass time do you usually attend?	
Yes. Which Wallingfo	ord Mass time do you usually atten	ud?
Or: I attend M	ass at another Parish:	
and I am seeking my Sacraments at	Р	arish instead of my home parish
because:		
Current Marital Status:		
Single, Never Married Divorced		ied in the Catholic Church ied civilly or in another faith
Unmarried, Cohabiting		ied, Separated from my spouse

If requesting Baptism, please complete the following:

Father's Name:		
Mother's Name:	Mother's Maiden Name:	
Place of Birth:	Birth date:	
***For Baptism, two godparents a	are required. ***Your Godparent may not	be your parents or your spouse.
Godfather:	Cell Phone:	Text okay?
E-mail:		
Godmother:	Cell Phone:	Text okay?
E-mail:		
If Bantized in another Chris	stian faith, please complete the foll	lowing.
ii Dapuzeu iii anotitei Ciii is	stian faith, please complete the for	lowing.
Place of Birth:	Birth date:	
City		
Place of Baptism:	Baptism Dat	e:
City		
***Your Baptism Certificate is r	equired. ***	
If requesting Confirmation,	please complete the following:	
***For Confirmation, one Sponso	r is required. ***Your Sponsor may not b	e your parents or your spouse.
Sponsor:	Cell Phone:	Text okay?
E-mail:		
***Your Baptism Certificate is r	equired. ***	

Please contact the Parish Administrator at 01235 812338 or email didcot@portsmouthdiocese.org.uk to make an appointment and talk about the program and sacraments that you need.