

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

(Rite of Christian Initiation of Youths)

REGISTRATION FORM 2024-2025

Name: _____ Date: _____

E-mail: _____ Age: _____

Mailing Address:

House No./Street

Post Code

Sacraments you are Requesting: ___ Baptism ___ First Communion ___ Confirmation

Or: ___ I am curious about the Catholic faith and not seeking 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 Mass time do you usually attend? _____

___ Yes. Which Wallingford Mass time do you usually attend? _____

Or: ___ I attend Mass at another Parish: _____

and I am seeking my Sacraments at.....Parish instead of my home parish

because:

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 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 Baptized in another Christian faith, please complete the following:

Place of Birth: _____ Birth date: _____

City

Place of Baptism: _____ Baptism Date: _____

City

*****Your *Baptism* Certificate is required. *****

If requesting Confirmation, please complete the following:

****For Confirmation, one Sponsor is required. ***Your Sponsor may not be your parents or your spouse.*

Sponsor: _____ Cell Phone: _____ Text okay? _____

E-mail: _____

*****Your *Baptism* Certificate is required. *****

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.