

**Didcot and Wallingford Parish  
R.C.I.A.**

(Rite of Christian Initiation of Adults)

**REGISTRATION FORM**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_

Mailing Address:

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House No. / Street / Town

Post Code

Current Marital Status:

Single, Never Married

Married in the Catholic Church

Divorced

Married civilly or in another faith

Unmarried, Cohabiting

Married, Separated from my spouse

**Sacraments you are Requesting:** *(Please tick  in the appropriate box)*

**Baptism**

**First Communion**

**Confirmation**

Or:  *I am curious about the Catholic faith and not seeking any Sacraments at this time.*

**Mass Attendance**

How often do you typically attend Mass? \_\_\_\_\_

Yes. Which Masses do you usually attend? *(Please specify the place and time of the Masses you attend.)*

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**If you are seeking your Sacrament(s) at another parish, please provide your reasons:**

*I am seeking my Sacraments at \_\_\_\_\_ Parish*

*instead of my home parish because: \_\_\_\_\_*

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**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: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Godmother: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**If Baptized in another Christian faith, please complete the following:**

Place of Birth: \_\_\_\_\_ Birth date: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

**\*\*\*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: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

*Please contact the Parish Secretary at 01235 812338 or email [didcot@portsmouthdiocese.org.uk](mailto:didcot@portsmouthdiocese.org.uk) to make an appointment and talk about the program and sacraments that you need.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_