

BECOMING A CATHOLIC APPLICATION FORM

PLEASE PRINT & USE BLACK INK

Full Name: _____

Address: _____ Postcode: _____

Date of Birth: _____

Telephone: _____ Mobile: _____

Email: _____

Baptised: **Yes / No** (Please circle)

If 'Yes' Baptised at: _____

Church Address: _____

Date of Baptism: _____

Father's Name: _____

Mother's Name: _____

Sponsor's Name: _____

Confirmation Name: _____

Date of Reception into the Church: _____

Time: _____