ST PATRICK'S PARISH OF SINGLETON RITE OF CHRISTIAN INITIATION OF ADULTS PROGRAM ENROLMENT FORM

OANDIDATEIO DETAILO						
CANDIDATE'S DETAILS						
SURNAME:			N	MAIDEN	NAME:	
ALL GIVEN NAMES:						M/F:
DATE OF BIRTH:			F	PLACE	OF BIRTH:	
HAVE YOU EVER BEEN BAI	PTISED?	YE	s /	NO		
DATE OF BAPTISM:(Attach a copy of Baptism Certificate)		PL	ACE O	F BAPT	TISM:	
HAVE YOU EVER BEEN MARRIED?		YE	s /	NO	DATE OF MARRIAGE:	
PLACE OF MARRIAGE:					NAME OF PARTNER:	
HAVE YOU EVER BEEN DIVORCED? (Attach copy of Decree of Nullity etc)		YE	S/	NO	DATE OF DIVORCE: _	
RESIDENTIAL ADDRESS						
PHONE		EMAIL				
Signed: Date:						
	1				T	
FATHER'S SURNAME					DATE OF BIRTH:	RELIGION:
FATHER'S GIVEN NAMES						DATE & PLACE OF BAPTISM:
FATHER'S GIVEN NAMES MOTHER'S SURNAME					DATE OF BIRTH:	DATE & PLACE OF BAPTISM: RELIGION:
					DATE OF BIRTH:	
MOTHER'S SURNAME					DATE OF BIRTH:	RELIGION:
MOTHER'S SURNAME MOTHER'S GIVEN NAMES MOTHER'S MAIDEN NAME					DATE OF BIRTH:	RELIGION:
MOTHER'S SURNAME MOTHER'S GIVEN NAMES MOTHER'S MAIDEN NAME		TIN	/Æ:			RELIGION: DATE & PLACE OF BAPTISM:
MOTHER'S SURNAME MOTHER'S GIVEN NAMES MOTHER'S MAIDEN NAME INITIATION DETAILS DATE OF INITIATION:					PLACE:	RELIGION: DATE & PLACE OF BAPTISM:
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MOTHER'S SURNAME MOTHER'S GIVEN NAMES MOTHER'S MAIDEN NAME INITIATION DETAILS DATE OF INITIATION: SPONSOR NAME: The Singleton & Branxton Parish collected is to effectively managedeleting from our database you in Singleton NSW 2330; Ph: 5507 4 Office Use: BAPTISM or RECEPTION DATE PARISH REGISTER NO:	es adhere to the e the parish and nay do so. Our Pr 048 / Email: sing	Privacy Act its services. ivacy Policy leton.branxt	1988, a Should may als on@mn	as amend I you with so be vie a.catholic	PLACE: SPONSOR REded and the Act 2000. The sh to access your personal ewed or a copy may be obtained and the Act 2000. The shape of the short of the short of the shape	RELIGION: DATE & PLACE OF BAPTISM: ELIGION: purpose of your personal information being I information for either viewing, updating or ained by writing to us at: 5/16 Cambridge St,

STAFF NAME: ____

RITE OF CHRISTIAN INITIATION OF ADULTS PROGRAM ENROLMENT FORM

IN YOUR OWN WORDS, BRIEFLY DESCRIBE WHY YOU WISH TO BE A CATHOLIC							
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