



# Rite of Christian Initiation for Adults (RCIA)

in the Parish of St Francis Xavier, Ballina

Email: [pastoralassociate@sfxballina.org.au](mailto:pastoralassociate@sfxballina.org.au) or Ph no. 02 6681 1048

**This form must be completed and returned to the Parish Office.**

## Personal Details

<b>CHRISTIAN NAME(S)</b>					
<b>SURNAME</b>					
<b>DATE OF BIRTH</b>					
<b>PLACE OF BIRTH</b>					
<b>MARRIED</b>	<input type="checkbox"/>	<b>SINGLE</b>	<input type="checkbox"/>	<b>DIVORCED</b>	<input type="checkbox"/>

## Contact Information

<b>RESIDENTIAL ADDRESS</b>
<b>PHONE NUMBER</b>
<b>EMAIL ADDRESS</b>

## Present Faith Tradition

<b>BAPTISM</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>DATE</b>		
<b>CHURCH</b>	<b>PARISH</b>	
<b>BAPTISM CERTIFICATE SUPPLIED TO OFFICE</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>CONFIRMATION</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>HOLY EUCHARIST/RECONCILIATION</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

## Name of Sponsor

*Must be a Baptised and Confirmed Catholic, 16 years or older*

<b>FULL NAME</b>	
<b>BAPTISM CERTIFICATE SUPPLIED TO OFFICE</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>

## Signed and Dated

<b>FULL NAME</b>		
<b>SIGNATURE</b>		<b>DATE</b>

