

**Parish of St Edward, King and Confessor**  
Mary Help of Christians Church  
72 Hillvue Road (PO Box 5002), Tamworth NSW 2340  
Ph: 02 6765 9543 | Email: southtamworthparish@armidale.catholic.org.au

**RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA)  
REGISTRATION FORM**

Candidate's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

*Sacraments you are requesting: \_\_\_\_\_ Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation  
or: \_\_\_\_\_ I am curious about the Catholic faith and not seeking any Sacraments at this time.*

*For Baptism & Confirmation: One sponsor is required. Two are optional.  
They are to be practising Catholics who have received the Sacraments of Initiation  
and are free by Church law to carry out their responsibilities.*

Sponsor's Full Name: \_\_\_\_\_

Sponsor's Full Name: \_\_\_\_\_

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

**Denomination:** \_\_\_\_\_ Presbyterian \_\_\_\_\_ Anglican \_\_\_\_\_ Uniting \_\_\_\_\_ Lutheran

others, please specify: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church & Place of Baptism: \_\_\_\_\_

**Are you currently going to Mass on a weekly basis?**

\_\_\_\_ No. How often do you typically attend Mass? \_\_\_\_\_

\_\_\_\_ Yes. Which Mass time do you usually attend? \_\_\_\_\_

Or: \_\_\_\_ I attend Mass at another Parish: \_\_\_\_\_ and I am seeking  
my Sacraments at St Edward's Parish instead of my home parish because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current Marital Status:**

- Single, Never Married
  - Unmarried, Cohabiting
  - Married civilly or in another faith
  - Engaged to be married in the Catholic Church.
  - Divorced
  - Married in the Catholic Church
  - Married, Separated from my spouse
- \*\*Engaged couples are encouraged to attend classes together.*

Fiancée's Name: \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Church & Place of Marriage: \_\_\_\_\_

**If Married or Engaged:**

- This is my first marriage
- I was previously divorced.
- I was previously married and my spouse passed away.
- This is my spouse's first marriage.
- My spouse was previously divorced.
- My spouse was previously married and his/her spouse passed away.

**Why do you want to become Catholic?**

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**Office use:**

Confirmation Name: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Celebrant: \_\_\_\_\_

Date of First Holy Communion: \_\_\_\_\_

**CHECKLIST**

	DATE
<input type="checkbox"/> RCIA Registration Form	____ / ____ / ____
<input type="checkbox"/> Copy of Birth Certificate	____ / ____ / ____
<input type="checkbox"/> Copy of Baptismal Certificate from another Faith Community	____ / ____ / ____
<input type="checkbox"/> Offerings received: \$ _____	____ / ____ / ____
<input type="checkbox"/> Details recorded in the Parish Register	____ / ____ / ____

**NOTES:**

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