**St Joseph's Catholic Parish—Northam**

**9 Gordon Street,**

**Po Box 437**

**Northam. W.A. 6401**

**Telephone (08) 9622 5411**

**Emails:** **northam@perthcatholic.org.au****;**

**RCIA Sacrament Enrolment Details**

Name: Surname………………………..Christian Names……………………………….……..…

Maiden Name (if Applicable):....................................................................................................

Date of Birth……………………..............Age:..........Place of Birth……................……………...

Name of Father.............................................................……………………….……………..…...

Name of Mother..................................................Mother’s Maiden Name ...............………..….

Name of Sponsor…………………………… Contact Details………………………………………

**Applicants Contact Details:**

Full Mailing Address:................................................................................................................

Phone Number (daytime):....................................................Mobile:.........................................

E-Mail Address:...................................................................Occupation:..................................

**Religious History:**

1. What, if any, is your present religious affliliation?.............................................................
2. Have you ever been baptised? Yes No I’m not sure

*If* *you answered “Yes” to question 2, please provide the following information:*

In what denomination were you baptised?.......................................................................

Date or approximate age when you were baptised:.........................................................

Baptismal name (if different from current name):.............................................................

Place of Baptism (name of church/denomination):..........................................................

Address, if known:............................................................................................................

Location, if known:............................................................................................................

1. If you were baptised as a Catholic, check the sacraments you have already received:

 Penance (Confession) Eucharist (First Communion) Confirmation

**Current Marital Status**

*Check the appropriate statement(s) below and provide any information requested beneath each statement.*

I have never been married in any type of ceremony, religious or secular (civil).

I am engaged to be married:

Name of Fiancé:...........................................................................................................................

Fiancé current religious affiliation, if any.......................................................................................

For you: This is my first marriage. I have been married before (religious or civil)

For your Fiancé: This is his/her first marriage My Fiancé has been married before (religious or civil)

I am married.

Your Spouse’s Name:....................................................................................................................

Your Spouse’s Current Religious Affiliation, if any:........................................................................

For you: This is my first marriage I have been married before (religious or civil)

For your Spouse: This is my spouse’s first marriage My Spouse has been married before (religious or civil)

Date of Marriage:...........................................................................................................................

Place of Marriage:..........................................................................................................................

 ***(Include locality (town, city, country etc), region (state, province, territory etc) and country)***

Officiating Authority of Marriage:....................................................................................................

 ***(Civil government, non-Christian Minister, Christian Minister, Catholic Cleric)***

I am married, but separated from my Spouse

I am divorced and have not remarried

I am a widow/widower and have not remarried since my Spouse’s death

**Family Information:**

***List the name(s) of any children or other dependents (e.g. Daughter – Jane or Stepson-John)***

Relationship:................................Name..............................................................Age:............

Relationship.................................Name.............................................................Age..............

Relationship.................................Name............................................................Age...............

Relationship.................................Name...........................................................Age................

Applicants Signature:……………………………………………. Date:…………………………..