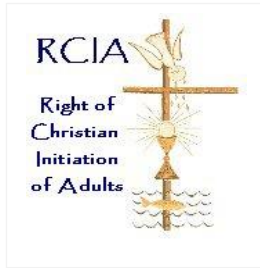




Grace and peace be yours in Abundance (1 Peter 1:2)

**APPLICATION FORM
for
RITE OF CHRISTIAN INITIATION
of ADULTS
2024**

**Catholic Parish of
Epping, Epping North & Wollert
Parish Office
13 Davisson Street
Epping, Vic 3076
Ph: 94016300
Email: epping@cam.org.au
Web: www.cam.org.au/epping**



Full Name: Mr/Mrs/Ms/Miss.....

Address:

..... **Post Code**

Phone numbers: (H)(W)(M)

Date of Birth:...../...../..... **Male/ Female**
(dd) (mm) (year)

Email address:

Have you previously been baptised into another Christian denomination? **YES NO**

Name of Religion:.....

Have you previously been baptised into the Catholic Church? **YES NO**

Please tick (✓) which Mass time is convenient for you to attend:

St. Peter's Church.... 6.30pm Saturday 9.00am Sunday 10.30am Sunday

St. Mary of The Cross Mackillop (Epping North)5.00pm Saturday

If applicable: A photocopy of your Certificate of Baptism is required. Please attach to application form.

This is a Registration Form of Inquiry into the process of RCIA only. You are under no obligation and the information on this form will be used to contact you by the Parish, with your permission.