



THE CATHOLIC PARISH OF ST MICHAEL'S ASHBURTON

RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA)

EXPRESSION OF INTEREST FORM

(Please use block letters)

Given Name _____

Family Name _____

Date of Birth ____ / ____ / ____

Street Address _____

Suburb & postcode _____

Telephone
(H) _____ **(M)** _____

Email _____

Have you been baptised in a Christian Church? Yes / No *(please circle)*

If above answer is YES please indicate which denomination.

Have you received any of the following Catholic Sacraments? *(if yes please circle)*

- Reconciliation
- Eucharist
- Confirmation

Please return completed form to St Michael's Parish Office