

APPLICATION FORM

For

ORDER of CHRISTIAN INITIATION of ADULTS



Catholic Parish of Epping,
Epping North
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 the Catholic Church? <i>(circle answer)</i>	YES	NO
Date: _____ Where: _____		
Have you received the Sacrament of Reconciliation/Confession? <i>(circle answer)</i>	YES	NO
Have you received the Sacrament of Confirmation? <i>(circle answer)</i>	YES	NO
Have you received the Sacrament of Eucharist/Holy Communion? <i>(circle answer)</i>	YES	NO
Have you previously been baptised into another Christian denomination? <i>(circle answer)</i>	YES	NO
Name of Church: _____		
Please tick (✓) which Mass time you will be attending:		
St Peter's Church 6.30pm Saturday	 9.00am Sunday	 10.30am Sunday
St Mary of The Cross MacKillop (Epping North)	 5.00pm Saturday	

A photocopy of your Certificate of Baptism and/or First Reconciliation, First Eucharist is required. Please attach a Copy to this application.

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

Signature _____