**IMMACULATE CONCEPTION CATHOLIC CHURCH, SOUTHAMPTON**

**RITE OF CHRISTIAN INITIATION FOR ADULTS**

**REGISTRATION FORM**

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| --- |
| **GENERAL INFORMATION** |
|  |  |
| First Name |  |
| Surname |  |
| Maiden Name (if applicable) |  |
| Date of Birth |  | Place of Birth |  |
| Home Address |  |
|  |  |
| Postcode |  |
| Home Phone Number |  | Mobile Number |  |
| Email Address |  |
|  |  |

|  |
| --- |
| **RELIGIOUS HISTORY** |
|  |  |
| What, if any, is your present religious affiliation? |  |  |
| Have you ever been baptized? |
|  |  | Yes | *In what denomination?* |  |  |
|  |  | *In which church?* |  |  |
|  |  | *Location of church if known* |  |  |
|  |  | *Approximate age at baptism* |  |  |
|  |  | *If you were baptized Catholic please indicate which of the following sacraments you have already received:* |
|  |  | Reconciliation |  |  First Holy Communion |  |  Confirmation |  |  |
|  |  | No |
|  |
|  |  | Not sure |
|  |

I am happy for the above information to be held on a data base for parish use only.

***GDPR - DATA PROTECTION ACT***

***Information provided on this form, together with all other personal data held about these individuals by the Parish and the Catholic Diocese of Portsmouth is processed in accordance with the Diocese’s Privacy Notice, which can be obtained from*** ***www.portsmouthdiocese.org.uk/gd***

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