

Sacramental Enrolment Form Rite of Christian Initiation – Under 18

Please complete and return with a photocopy of your birth certificate, and baptismal certificate if applicable.

email: sacraments@ec.org.au
post: PO Box 294, Ellen Grove Qld 4078

Information about the RCIA Program available online at www.ec.org.au/sacraments.

Personal Information							
Full Name:							
Phone:							
Email:							
Residential Address:							
Date of Birth:	/	/	Place of Birth:				
Current School			Current Grade				
Additional Information							
Have you been Baptised?	☐ Yes (please complete details below) ☐ No ☐ Unsure						
	Baptism Date:	/ /	Denomination:				
	Name of Church:						
	Address of Church:						
	Baptismal Certificate:		☐ Copy provided ☐ Not available				
	Name of Sponsor:						
Sponsor Details:	☐ The sponsor ie.is baptise ☐ The sponsor	ed, confirmed and isn't the parent o	is/her initiation into I participates in Hol				
	☐ Please help me find a sponsor						

	Mothe	r's Information		
Mother's Full Name:				
Email:			Phone:	
Residential Address: (if same as Child, write 'as above')				<u> </u>
,		's Information		
Father's Full Name:				
Email:			Phone:	
Residential Address: (if same as Child, write 'as above')			<u>. I</u>	
THIS:		MUST BE SIGNED BY arrangements for the	BOTH PAREN ne candidate,	time spent by the
candidate with either par		• •	th this enroln	nent form.
•	ch Orders? Yes / No (p	-		
If 'Yes', has a cop	y of every such Order b	een attached to this	form? Yes / I	No (please circle)
I hereby give consent for of Confirmation of the Ca		the front of this form	n to be admit	ted to the Sacrament
Mother's Signature:			Date:	
Father's Signature:			Date:	
Private Declaration				
Privacy Declaration: Personal details are collected j	for the nurneses of provid	ing information to part	icinants of the	Cacramontal journay to
provide other services, and to personal information to Archa All personal details are stored	add/update participant d liocesan agencies and oth	etails to Emmanuel Cor er service providers wh	mmunity's data o assist us in o _l	base. We may disclose perating our organisation.
Photo Release:				
Photographs taken throughou program to the participants a want photos of yourself/your j	nd to the wider communit	y, and for future Sacrar	mental progran	
☐ I do not give permission	for photos of me/my fam	nily to be shared online	or published in	n future resources.
Further Communication:				
By engaging in a ministry of Electory of E	about activities of the Co	•		· -
☐ I <u>do not</u> wish to added t	o Emmanuel's communic	ation channels after thi	s program.	
Office Use Only:	Date of Sacraments:			
☐ Birth Certificate	☐ Baptism Certificate	☐ Email List	☐ Sacrame	ental Register

☐ Other information: