



**Church of St. Alphonsus (Novena Church)
Redemptorist Community**

300 Thomson Road Singapore 307653

Tel: 6255 2133

Fax: 6356 9910

Email: RCIANovena@gmail.com

RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA)

APPLICATION FORM FOR INQUIRER

Please complete fully in BLOCK LETTERS.

THE RCIA SESSIONS WILL START ON TUESDAY 2 JULY 2019

TIME : 7:30PM TO 10PM

LOCATION: NOVENA CHURCH

300 THOMSON ROAD, SINGAPORE 307653

**** Please submit by Saturday 18 May 2019 ****

Full Name (Underline surname) :			
Address			
Home / Office Tel. No. :		Mobile Phone No. :	
Email :			
Gender :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Occupation :
NRIC/Passport No. :			
Date of Birth (Day/Month/Year) :		Religion :	
Marital Status :	<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow/Widower
If 'married', 'separated', or 'divorced', please state Spouse/Ex-spouse's:			
Name :		Religion :	
Married at :	<input type="checkbox"/> Registry of Marriage	Country/Date :	
	<input type="checkbox"/> Church	Name of Church :	
If 'single', 'engaged', 'divorced', or 'widow/widower', do you intend to marry within the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Religion of Fiancé / Fiancée :		
Have you ever attended a RCIA Journey?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been baptised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Date/Year Baptised :		Denomination :	
Where/Name of Church			

I understand and give consent to Novena Church to contact me with the contact number I provided in this application form.
I am aware that I may withdraw my consent provided by me anytime by writing to Novena Church by mail or email at RCIANovena@gmail.com.

Signature of Applicant

Date



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For Official Use :

Date

:

Personnel

:

Remarks

:

Call History

Date								
Time								
Remarks								