



## RCIA Expression of Interest Form

Name	
Unit/Street Address:	
Suburb & postcode	
Age	
Home Phone/Mobile No.	
Email	
Have you been baptised?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate Church of Baptism: <hr/> Other Sacraments Received: <input type="checkbox"/> Reconciliation <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation