

RITE OF CHRISTIAN INITIATION OF ADULTS (R.C.I.A)

# Journey of Faith

CHURCH OF DIVINE MERCY



## REGISTRATION FOR INQUIRERS

I WOULD LIKE TO REGISTER FOR THE R.C.I.A PROCESS.

FULL NAME  MR.  MRS.  MS.

DATE OF BIRTH        
*Day Month Year*

ADDRESS:

I PREFER TO BE CONTACTED AT :  MY MOBILE

MY HOME   MY OFFICE

I CAN ALSO BE CONTACTED ON THIS EMAIL:

I AM  SINGLE  MARRIED

I AM ATTENDING  ALONE  WITH A FRIEND  SPOUSE:

*Name of person attending session with you:*

*Contact Number:*

I AM NOT BEEN BAPTIZED.

I WAS BAPTIZED IN ANOTHER CHRISTIAN CHURCH\*.

\* *Name of Christian Church:*

*Address:*

RCIA JOURNEY  
CHURCH OF DIVINE MERCY  
19 PASIR RIS STREET 72,  
SINGAPORE 518771

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

PLEASE HAND THIS COMPLETED FORM TO THE PARISH OFFICE