



CHURCH OF OUR LADY OF LOURDES

50 OPHIR ROAD SINGAPORE 188690

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RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA)

Registration Form

(Please fill the form in BLOCK LETTERS)

Name: Mr/Mrs/Ms/Dr _____
(Name as indicated in your NRIC. Please underline your Surname)

Address: _____

Telephone: _____ (office) _____ (home) _____ (mobile)

Date of Birth: _____ Occupation: _____

Educational level: _____ Email Address: _____

Present marital status: _____

Name of Spouse: _____

Religion of Spouse: _____

Date of Marriage: _____

OR In the Registry of Marriage (Date) _____ R.O.M. Cert No. _____

What religion do you profess till now? _____

Have you ever been baptised in another Christian denomination? Yes / No

If yes, name of the Church or denomination: _____

Do you have a Companion? Yes / No

Name of Companion: _____

Signature: _____ Date: _____

Interview by: _____ Date: _____