Our Lady of The Assumption and The English Martyrs Application for RCIA and Confirmation

NAME:		
Male or Female		
ADDRESS:		
		_
POSTCODE:		
EMAIL:		
Telephone Number:	Mobile Number:	
Date of Birth:	Marital Status:	
Name of Church where you were baptised: (<i>If applicable</i>)		
Denomination: _		
Place of Baptism:	Date of Baj	ptism:
FATHER'S NAME:		_
MOTHER'S NAME:		_
SIGNED:	PRINT NAME:	
	eady Baptised we require a copy of your Baptismal Certif wed into Full Communion. Thank you.)	icate to be supplied
By ticking this box \square and signing below I agree to the Diocese of East Anglia using the information I have provided on this application solely for the purposes of processing this application and for any other sacramental matters which may arise in the future. I understand that this information will be held indefinitely by the Diocese of East Anglia in secure storage strictly in accordance with the provisions of the EU General Data Protection Regulations (GDPR) 2016/679, as to collection, handling, secure storage, use, retention and disposal of this data.		
Signed	Dated	

PLEASE RETURN THIS FORM TO:

The Rt Revd Mgr Eugène Canon Harkness The Catholic Rectory, Hills Road, CAMBRIDGE, CB2 1JR