

PARTICULARS OF A PERSON SEEKING FULL CHRISTIAN INITIATION

By the sacraments of Baptism, Confirmation & Eucharist

*IF THIS PERSON HAS BEEN VALIDLY BAPTISED – THEN PLEASE SEE THE FORM FOR THOSE SEEKING RECEPTION INTO FULL COMMUNION

Name of Parish	Contact Priest			
1. Surname (in block capitals)				
First Name(s)				
Date of Birth	_ Male/Female			
Address				
2. Has this person belonged previously	to any religion or sect? YES/NO			
If yes please give details				
3. Single or married?				
4. If married, is it the first marriage for b	ooth parties? * YES/NO			
If not please supply further details (on t	the back of this page.)			
Is their spouse a Catholic? YES/NO				
5. Was the marriage celebrated accord	ding to the laws of the Catholic Church? YES/NO			
6. When was the Rite of Acceptance ce	elebrated for them in the Parish?			

If this person has been previously married, please contact the Chancellery before you proceed any further to make sure nothing impedes their initiation.

ARCHDIOCESE OF DUBLIN

(To be completed by priest after preparation)

Name:	Parish:	
Please state the length of ti	me of formal preparation this person has undergone	
a conversion in mind and ir	e involved in this person's preparation that he/she has und action and has developed a sufficient acquaintance with a spirit of faith and charity? YES/NO	dergone
Has the person indicated a	willingness to be a practising Catholic? YES/NO	
•	company the catechumen on behalf of your parish at the all on the $1_{\rm st}$ Sunday of Lent?	Rite of
DELEGATION The above-named person v of Initiation.	vishes to be accepted by the Church as a candidate for Sac	crament
I hereby request delegation	to celebrate the Rites.	
Signature of Priest:	Date:	
Address:		
Fmail:		

PETITION FOR INITIATION

Your Grace,

I firmly believe the teaching of Christ and intend to follow the path of God as shown to me by the Roman Catholic Church.

that I may receive the three Sacraments of Christian Initiation,
so as to be a full and practising member of the Roman Catholic Church.

Signature: ₋			
Date:			

PLEASE RETURN THIS FORM TO:
Patricia Carroll
Office of Mission and Ministry
St. Paul's Church
21 ARRAN QUAY
DUBLIN
BEFORE THE 19th JANUARY 2024