



Archdiocese of Dublin

Ard Deoise Átha Cliath

**PARTICULARS OF PERSON SEEKING RECEPTION
INTO THE FULL COMMUNION of the CATHOLIC CHURCH**

By the Sacraments of Confirmation & Eucharist

IF THE PERSON HAS NOT BEEN BAPTISED – PLEASE FILL IN FORM FOR CATECHUMEN

Name of Parish _____ Contact Priest _____

1. Surname (in block capitals) _____

First Name(s) _____

Date of Birth _____ Male Female

Address _____

Contact Number(s) _____

2. In what Christian denomination has this person been baptised? _____

Is a Certificate of Baptism available? _____

3. Does any doubt exist regarding the validity of the Baptism? * _____

4. Single or married? _____

5. If married, is it the first marriage for both parties? * _____

If not please supply further details (on the back of this page.)

Is their spouse a Catholic? _____

6. Was the marriage celebrated according to the laws of the Catholic Church?

7. When was the Rite of Welcome celebrated for them in the Parish? _____

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



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(To be completed by priest after preparation)

Name: _____ Parish: _____

Please state the length of time of formal preparation this person has undergone

Has it been judged by those involved in this person's preparation that he/she is now ready for reception into full Communion of the Catholic Church?

YES/NO

Has the person indicated a willingness to be a practising Catholic?

YES/NO

Name of person who will accompany the candidate at the Rite of Election?

DELEGATION

The above-named person is now ready to be received into the full Communion of the Catholic Church. I hereby request the appropriate delegation to do so.

Signature of Priest: _____ Date: _____

Address: _____



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PETITION FOR RECEPTION

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.

For these reasons I wish to be received into the full Communion of the Catholic Church and now humbly and formally ask to be received.

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