



St Joseph's Church, Subiaco

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BECOMING CATHOLIC APPLICATION FORM

Full Name: _____

Address: _____

Postcode: _____

Date of Birth: _____

Contact telephone: _____ Mobile: _____

Email: _____

Baptised: Yes / No

If Yes – Baptised at: _____

Date of Baptism: _____

Father's Name: _____

Mother's Name: _____

Sponsor's Name: _____

Confirmation Name: _____

Date of Reception into the Church: _____

Time: _____