



RCIA Rite of Christian Initiation of Adults Information Sheet

Office Use Only:	
Record in	
Bapt. Register	_____
1st Comm. Register	_____
Confirmation	_____
Notification to	
Bapt. Church of Record	_____
Sponsor	_____

Welcome! Please fill out this form to allow us to know and better serve you.

Please note that all the information supplied on this form will be kept in a confidential file.

Personal Identification Information	
Name: _____	Address: _____
City: _____	ST: _____ ZIP: _____ E-Mail: _____
Business Phone #: _____	Home Phone #: _____
Date of Birth: _____	Place of Birth: _____

Family Information	
Father's Name: _____	Religion: _____
(first) (last)	
Mother's Maiden Name: _____	Religion: _____
(first) (maiden)	
Your Children:	
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
Your Spouse's Name: _____	Religion: _____

Baptismal Information	
Have you ever been baptized? _____ Yes _____ No	More than once? _____ Yes _____ No
If you have been baptized:	
How old were you when first baptized? _____	
Into what religious affiliation were you baptized? _____	
Name of Church: _____	
Place of Baptism: _____	
Date of Baptism: _____	
Our sacrament records require proof of Baptism. If you were not baptized Catholic, please provide us with the your documents at your earliest convenience. If you were baptized Catholic, please provide us with an original Baptismal Certificate dated no earlier than six months prior to your anticipated date of Confirmation.	
Sacramental Information (for those baptized Catholic). I have already received the Sacraments of:	
Baptism _____	First Eucharist _____
First Confession _____	Confirmation _____

Are you an active member of a non-Catholic religious faith community? _____ Yes _____ No
If yes, which one? _____
Are you presently attending St. Peter Chanel Catholic Church? _____ Yes _____ No

Marital Information

_____ I have never been married.

_____ I am currently married never divorced OR

_____ I am divorced and remarried OR

_____ I am divorced but NOT remarried.

Wedding Date: _____

Christian Wedding?: _____ Yes (Religious affiliation: _____) _____ No

Has your spouse been married previously: _____ Yes _____ No

If you or your spouse was previously married, has this marriage been annulled? _____ Yes _____ No

If yes, Diocese of annulment: _____

_____ I am engaged. Name of Fiancé: _____

Fiancé's Religion: _____

Proposed Wedding Date: _____

Planned Church/Location: _____

Has your fiancé been married previously: _____ Yes _____ No

Will your fiancé be attending inquiry classes with you? _____ Yes _____ No

_____ I am presently separated.

_____ I am a widow(er).

Why are you inquiring into the Catholic Church?

_____ I definitely want to become a Catholic.

_____ I think I might want to become a Catholic.

_____ I am "just looking" - I am not sure at this time.

_____ I don't want to become a Catholic; I want to know what Catholics believe.

Please describe your experience or involvement with other faith communities.

Who or what prompted you to inquire into the Catholic faith?

What do you hope to gain from your participation in our Catholic inquiry sessions?

What question or concerns would you like to have addressed during the inquiry sessions?

What members of St. Peter Chanel Catholic Church (if any) do you know?

Thank you for your time and patience. God bless you on your journey of faith.