

Saint Joseph Catholic Church
Rite of Christian Initiation of Adults
Information Sheet

*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 Information- (Print clearly)

Name: _____ Address: _____

City: _____ St: _____ Zip: _____ E-Mail: _____

Cell Phone #: _____ Home Phone #: _____

Date of Birth: _____ Place of Birth: _____

Why are you inquiring into the Catholic Church/RCIA process?

_____ 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.

_____ I am Catholic but never received the sacrament(-s) of _____

_____ I am Catholic but don't know much about my faith and want to learn.

Family Information:

Father's Name: _____

Religion: _____

Mother's Name (first name & maiden name): _____

Religion: _____

Your Spouse's Name: _____

Religion: _____

Have you ever been baptized? _____ Yes _____ No More than once? _____ Yes _____ No

If you have been baptized: Denomination _____

Name of Church: _____

Address of Church, City, State: _____

You must provide a copy of your Baptismal Certificate. See leader if not available.

Are you an active member of a denomination or other faith? _____ Yes _____ No

If yes, which one? _____

Are you presently attending St. Joseph Catholic Church? _____ Yes _____ No

Marital Information:

- _____ I have never been married.
- _____ I am currently married never divorced.
- _____ I am divorced and remarried.
- _____ I am divorced but not remarried.
- _____ I am presently separated.
- _____ I am a widow(-er)
- _____ I am engaged
- _____ I live alone: Yes/No. If no, please list relationships of others in household: _____
- _____
- _____

If you have been married, please fill out the following information:

Wedding Date: _____ Catholic Wedding? Yes ___ No ___

Has your spouse been married previously: Yes _____ No _____

If you or your spouse were previously married, has this marriage been annulled:

Yes ___ No ___ If yes, Diocese of nullification: _____

Your Children:

Age: Baptized: Y/N

- 1. _____
- 2. _____
- 3. _____
- 4. _____

If you are engaged, please fill out the following information:

Fiancé's name: _____

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

Please describe your experience or involvement with other faith communities.

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?

Which members of St. Joseph Catholic Church do you know?