

St. Paul the Apostle Catholic Church

Christian Initiation of Adults General Information Sheet (Confidential)

Name _____ (Maiden Name) _____

Father's Name _____ Mother's Maiden Name _____

Date of Birth _____ Birth Place _____

Street Address _____

City/State/Zip _____

Phone Nos: Home _____ Work _____ Cell _____

E-Mail _____

PARISH WHERE YOU ARE PARTICIPATING IN THE PROCESS

Church _____ City _____

PARISH TO WHICH YOU BELONG (IF APPLICABLE)

Church _____ City _____

RELIGIOUS AFFILIATION

Were You Ever Baptized/Sprinkled/Christened? Yes No Date _____

Where? _____

(Name of Church)

(City)

(State)

(A copy of your Baptismal Certificate is needed.)

If Baptized Catholic or Orthodox, did you receive the following sacraments:

First Eucharist? Yes No

First Penance? Yes No

Confirmation? Yes No

If Baptized in another denomination: At What Age? _____

What denomination? (Baptist, etc.) _____

Please describe your participation in this denomination. _____

Did you ever leave this denomination and join another? Yes No If yes, please explain.

MARITAL STATUS

I am single and have never married I am presently Married Engaged

If married or engaged, please provide the following information on your spouse/fiancé(e):

Name of Spouse/Fiancé(e) _____ Is he/she baptized? Yes No

If baptized, in what denomination? _____

What is his/her present religion? _____

Does he/she practice his/her religion faithfully? Yes No

Place of Marriage _____ Date _____

Was this marriage (or will this marriage be) witnessed by a (circle one) Priest, Deacon, Minister, JP, Other?

Have you or your present spouse/fiancé(e) contracted any previous marriages? Yes No

If yes, complete the information in the next section as it applies to each previous marriage

ABOUT YOUR PRIOR MARRIAGE(S)

First Prior Marriage

To Whom _____ Marriage ended by Divorce Death

Was he/she ever baptized? Yes No If "yes" what church or denomination? _____

Did he/she practice his/her religion faithfully: Yes No

Was this marriage witnessed by a (circle one) Priest, Deacon, Minister, Justice of the Peace, Other?

Date _____ Place _____

Officiant's Name _____

Was this marriage formally annulled by the Roman Catholic Church? Yes No

Second Prior Marriage

To Whom _____ Marriage ended by Divorce Death

Was he/she ever baptized? Yes No If "yes" what church or denomination? _____

Did he/she practice his/her religion faithfully: Yes No

Was this marriage witnessed by a (circle one) Priest, Deacon, Minister, Justice of the Peace, Other?

Date _____ Place _____

Officiant's Name _____

Was this marriage formally annulled by the Roman Catholic Church? Yes No

If you have been married more than twice, please supply the information on a separate sheet of paper.

ABOUT SPOUSE’S/FIANCE(E)’S PRIOR MARRIAGE

Spouse’s/Fiance(e)’s First Prior Marriage	
To Whom_____	Marriage ended by <input type="checkbox"/> Divorce <input type="checkbox"/> Death
Was he/she ever baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes” what church or denomination?_____	
Did he/she practice his/her religion faithfully: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this marriage witnessed by a (circle one) Priest, Deacon, Minister, Justice of the Peace, Other?	
Date_____	Place_____
Officiant’s Name_____	
Was this marriage formally annulled by the Roman Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Spouse’s/Fiance(e)’s Second Prior Marriage	
To Whom_____	Marriage ended by <input type="checkbox"/> Divorce <input type="checkbox"/> Death
Was he/she ever baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes” what church or denomination?_____	
Did he/she practice his/her religion faithfully: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this marriage witnessed by a (circle one) Priest, Deacon, Minister, Justice of the Peace, Other?	
Date_____	Place_____
Officiant’s Name_____	
Was this marriage formally annulled by the Roman Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If your spouse/fiancé(e) has been married more than two, please supply the information on a separate sheet of paper.

CHILDREN and DEPENDENTS

NAME OF CHILD	NAMES OF PARENTS	DATE OF BIRTH	BAPTIZED (YES OR NO)	DENOMINATION

OTHER INFORMATION

When and how did you first become interested in the Catholic Church? _____

Is there anything else you would like us to know or think we should be aware of? _____

Comments or questions you might have? _____

Inquirer's Signature _____ Date _____

.....

Comments by RCIA Coordinator/Clergy _____
