



Adult Inquirer Information Form

Information on this form is held in confidence and is not shared without your permission.

Today's Date: _____

Name: First: _____ Middle: _____ Last: _____

Maiden Name (if applicable): _____

Date of Birth: _____ Age: _____

Place of Birth: _____
(include locality (town, city, county, etc.), region (state, province, territory, etc.), and country)

Name of Father: _____

Name of Mother: _____

I. CONTACT INFORMATION

Full Mailing Address: _____

Phone: (Daytime) _____ (Evening/Weekend) _____

Cell/Mobile Phone: _____ Occupation: _____

Email: (Home) _____ (Other) _____

II. RELIGIOUS HISTORY

1. What, if any, is your present religious affiliation? _____

2. Have you ever been baptized? Yes No I am not sure

If you answered "Yes" to Question 2, please provide the following information:

(a) In what denomination were you baptized? _____

(b) Date or your approximate age when you were baptized: _____

(c) Baptismal name (if different from current name): _____

(d) Place of Baptism (name of church/denomination): _____

(e) Address, if known: _____

(f) Location, if known: _____

(include locality (town, city, county, etc.), region (state, province, territory, etc.), and country)

3. If you were baptized as a Catholic, check those sacraments you have already received:

Penance (Confession) Eucharist (First Communion) Confirmation

III. CURRENT MARITAL STATUS

Check the appropriate statement(s) below and provide any information requested beneath each statement.

1. I have never been married.

2. I am engaged to be married.

(a) Your Fiancé(e)'s Name: _____

(b) Your Fiancé(e)'s Current Religious Affiliation (if any): _____

(c) For you: This is my first marriage. I have been married before.

(d) For your fiancé(e): This is his/her first marriage. My fiancé(e) has been married before.

3. I am married.

(a) Your Spouse's Name: _____

(b) Your Spouse's Current Religious Affiliation (if any): _____

(c) For you: This is my first marriage. I have been married before.

(d) For your spouse: This is my spouse's first marriage. My spouse has been married before.

(e) Date of Marriage: _____

(f) Place of Marriage: _____
(include locality (town, city, county, etc.), region (state, province, territory, etc.), and country)

(g) Officiating Authority of Marriage: _____
(civil government, non-Christian minister, Christian minister, Catholic cleric)

4. I am married, but separated from my spouse.

5. I am divorced and I have not remarried.

6. I am a widow/widower and have not remarried since my spouse's death.

IV. FAMILY INFORMATION

List the name(s) of any children or other dependents (e.g., Daughter—Jane; Stepson—John).

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

V. GENERAL QUESTIONS

1. What or who has led you to want to know more about the Catholic Faith?

2. Please describe the types of religious education you have received, as a child and as an adult.

3. What contact have you had with the Catholic Church to date?

4. What are some of the questions or concerns you have about the Catholic Church?

5. At this point in time, which of the following statements best describes your present feelings and thoughts about the possibility of joining the Catholic Church? (please circle one)

- A. I need much more information about the Catholic Church before I would consider joining.
- B. I am considering joining, but I am still unsure about it.
- C. I am fairly sure that I would like to join, but I still need some time to study and pray about it.
- D. I am fairly sure that I want to join the Catholic Church.
- E. I am a baptized, uncatechized Catholic who desires to complete my sacraments of initiation.

6. Do you have any medical, physical, or psychological limitations that may affect your participation? _____

7. Please describe any medical, physical or psychological limitations that may affect your participation.

8. Do you have any food allergies? _____

9. What food allergies do you have? _____
