

ADULT INQUIRER INFORMATION FORM

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

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 (First, Middle, Last):

Name of Mother (First, Middle, Last):

CONTACT INFORMATION

Full Mailing Address:

Phone:

E-mail:

Occupation:

RELIGIOUS HISTORY

What, if any, is your present religious affiliation?

Have you ever been
baptized?

☐
Yes

☐ No

☐ Not sure

If you answered “yes” above, please provide the following:

(a) In what denomination were you baptized?

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

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

(d) Was water used?

(e) Were the words “Father, Son, and Holy Spirit” used?

(f) Place of baptism (name of church):

Address (if known):

If you were baptized as a Catholic, check the sacraments you have already received:

☐ Penance
(Confession)

☐ Eucharist (First Communion)

☐ Confirmation

CURRENT MARITAL STATUS

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

☐ I have never been married.

☐ I am engaged to be married.

Your Fiancé(e)’s Name:

Your Fiancé(e)’s Current Religious Affiliation (if any):

For you: ☐ This is my first marriage. ☐ I have been married before.

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For your Fiancé(e): <input type="checkbox"/> This is his/her first marriage. <input type="checkbox"/> He/she has been married before.		
<input type="checkbox"/> I am married.		
Your Spouse's Name:		
Your Spouse's Current Religious Affiliation (if any):		
For you: <input type="checkbox"/> This is my first marriage. <input type="checkbox"/> I have been married before.		
For your Spouse: <input type="checkbox"/> This is his/her first marriage. <input type="checkbox"/> He/she has been married before.		
Date of Marriage:		
Place of Marriage: <i>(include locality [town, city, county, etc.], region [state, province, territory, etc.], and country)</i>		
Officiating Authority of Marriage: <i>(civil government, non-Christian minister, Christian minister, Catholic cleric)</i>		
<input type="checkbox"/> I am married, but separated from my spouse.		
<input type="checkbox"/> I am divorced and I have not remarried.		
<input type="checkbox"/> I am a widow/widower and have not remarried since my spouse's death.		
FAMILY INFORMATION		
<i>List the name(s) of any children or other dependents (e.g., Daughter—Jane; Stepson—John).</i>		
Relationship:	Name:	Age:
Is this child baptized?	If no, do you desire baptism for the child?	
Relationship:	Name:	Age:
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GENERAL QUESTIONS		
What or who has led you to want to know more about the Catholic Faith?		
Please describe the types of religious education you have received, as a child and as an adult:		

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What contact have you had with the Catholic Church to date?
What are some questions or concerns you have about the Catholic Church?
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 about pray about it.
(d) I am fairly sure that I want to join the Catholic Church.
FOR OFFICE USE ONLY
<input type="checkbox"/> Request Baptismal Records
<input type="checkbox"/> Form of Baptism (Water, Trinitarian)
<input type="checkbox"/> Follow-up on Marriage Issues
<input type="checkbox"/> Follow-up on Children (if applicable)