RITE OF CHRISTIAN INITIATION FOR ADULTS

JLTS Inquiry – Initial Interview Form (Confidentiality will be upheld at all times)

Name:	(Maiden Name if applicable):		Home Phone:	
Home Address:	I	E-Mail:	Cell Phone:	
Date of Birth:	Place of Birth: (city and state)		Baptized (yes/no) If YE	
Church and Date of Baptism:		I	ocation:	
Father's Name:		Church Affiliation:		
Mother's First & Maiden Name:		Church Affiliation:		
Please check $()$ all that apply	to your circumstance:			
I am single	I am divorced	I was married in a church other than a Catholic Church		
I am engaged to be marriedI am divorced and remarried		I was married in a civil service		
I am currently married	I was married in the Catholic Church	was married in the Catholic Church I have an annulment		
I am a widow	I have been widowed and have remarried	Total number of marr	iages (civil, religious, etc)	
*****	***********	*********	*********	
Spouse's Name (Maiden name if applicable:		Date of Birth:		
Place of Birth (city and state):Chu		rch Affiliation	Baptized(yes/no):	
Has your spouse ever been m	arried before?(yes/no) If YES:	Civil	Church	
	es/no) If yes, please list names, ag			
•	erested in the RCIA?			
For Office Use Only				
RCIA Sponsor:	Con	Contact Info:		
Convalidation needed:	Annulment needed:	Paperwork started:		
Rite of Acceptance/Welcome	: Rite of Election:	Reconciliation:	Baptism Certificate on file:	