

# CATHEDRAL OF MARY OUR QUEEN

## Rite of Christian Initiation for Adults

### Inquirer Information Form

(Information 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: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

#### I. CONTACT INFORMATION

Mailing Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Daytime) \_\_\_\_\_ Evening: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ 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) Place of Baptism (name of church): \_\_\_\_\_

(d) Address: (if known): \_\_\_\_\_

(e) City and State, if know; country, if not USA: \_\_\_\_\_

3. If you were baptized as a Catholic, check those sacraments you have already received: Penance (confession): \_\_\_ Eucharist: \_\_\_ Confirmation: \_\_\_

**III. CURRENT MARITAL STATUS**

(Check the appropriate statement below and provide any information requested beneath the statements.

\_\_\_ 1. I am single and I have never been married.

\_\_\_ 2. I am engaged to be married.

(a) Your Fiancé(e)'s Name: \_\_\_\_\_

(b) Your Fiance(e)'s Current Religious affiliation (if any): \_\_\_\_\_

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

(d) For your Spouse:\_\_\_ this is my first marriage. \_\_\_ I have never been married.

\_\_\_ 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 never been married.

(e) Date of Marriage: \_\_\_\_\_

(f) Place of Marriage: \_\_\_\_\_

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

\_\_\_ 5. I am divorced and I have not remarried.

\_\_\_ 6. I am a widow/widower.

**IV. FAMILY INFORMATION: (List the names of any children of other dependents.)**

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

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Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_