



Saint Philip the Apostle

Rite of Christian Initiation (RCIA)

Adult Inquirer Information Form

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

Please Print the requested information.

Today's Date: _____

Name: First: _____ Middle: _____ Last: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Place of Birth: _____

(city, state and country)

Name of Father: _____

Name of Mother: _____

I. CONTACT INFORMATION

Full Mailing Address:

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

Cell: _____ Occupation: _____

Email: _____

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.

◆ *In what denomination were you baptized?*

◆ *Date of your approximate age when you were baptized:* _____

◆ *Baptismal name (If different from current name):* _____

◆ *Place of Baptism (Name of church/denomination):* _____

◆ *Address, if known:* _____

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

Reconciliation (Confession)

Eucharist (First Communion)

Confirmation

III. CURRENT MARITAL STATUS

Check the appropriate statement(s) below:

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: _____

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.f., daughter—Jane; Stepson—John)

Relationship: _____ Name: _____ Age: _____

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Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Thank you for taking the time in completing this form. Please email it to: sandy.kearney@saintphilipparish.org or send via surface mail to:

Saint Philip the Apostle Church
 Attn: Sandra Kearney
 725 Diamond Street
 San Francisco, CA 94114