



Rite of Christian Initiation of Adults [RCIA] - Enquiry Form

(Private & Confidential)

Family Name		Given Names	
Date of Birth		Preferred Name	
Place of Birth		Country of Birth	
Contact Numbers	Home Phone	Mobile	
Email address			
Residential Address			
Work Address (Optional)			
Father's Name	Religion		
Mother's Full Maiden Name	Religion		
Are you Baptised?		Yes	No
If Yes , Please attach a copy of baptism certificate			
Church of Baptism			
Date of Baptism			
Place and address			
Marital Status			
Married	Never Validly Married	Divorced	Widowed
If Married,			
Name of Spouse	Religion		
Date of Marriage	Place of Marriage		
Have you ever married previously?		If Yes , how was marriage terminated?	
Yes	No	Yours	Your Spouse's
		Death of Spouse	Death of Spouse
Had your spouse married previously?		Place	Place
Yes	No	Date	Date
		Divorce	Divorce
No. of marriages contracted:	Place	Place	
Your Spouse?	Date	Date	
Number of Children	Nullity		Nullity
From previous marriages	Place	Place	
From subsequent (current) marriage	Date	Date	
Sacraments Received		Baptism	Reconciliation
Dates			
	Eucharist	Confirmation	
Dates			
Name in Confirmation			
Name of Sponsor			
Celebrant			