



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	
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			