

St. John Church RCIA Inquiry Form

First Name: _____ Middle : _____ Last: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone Number: _____

Date of Birth: _____ Place of Birth: _____

Father's Full Name: _____

Mother's Full Name: _____

Maiden
Name: _____

We're you Baptized? _____ If yes, please attach a Baptismal certificate obtained within the past 6 months.

Are you presently married? _____ If yes, please provide the following information:

Name of Spouse: _____

Maiden
Name (if applicable): _____

Spouse's Date of Birth: _____ Spouse's Religious Affiliation: _____

Date of marriage: _____ Place of marriage: _____

Were you married (check one) _____ by a Catholic Priest
_____ by a Civil Magistrate/Justice of the Peace
_____ Other Minister (Please specify): _____

We're you previously married? _____

If yes, how many times were you previously married? _____

If yes, to whom? First Name: _____ Middle _____ Last: _____

When? _____ Where? _____

Were you married (check one) _____ by a Catholic Priest
_____ by a Civil Magistrate/Justice of the Peace
_____ Other Minister (Please specify): _____

Religious Affiliation of former spouse: _____

How was the marriage terminated? _____

Was your current spouse previously married? _____ If yes, how many times? _____

If yes, to whom? First Name: _____ Middle _____ Last: _____

When? _____ Where? _____

Were you married (check one) _____ by a Catholic Priest
_____ by a Civil Magistrate/Justice of the Peace
_____ Other Minister (Please specify): _____

Religious Affiliation of former spouse: _____

How was the marriage terminated? _____

Please describe what has brought you to this point in your life and what you are seeking from the Church.