

INFORMATION SHEET
R.C.I.A. Inquiries (Confidential)

PLEASE COMPLETE THIS FORM AND RETURN

NAME: PHONE:
ADDRESS: PLACE OF WORK:.....
DATE OF BIRTH: PLACE OF BIRTH:
FATHER'S NAME:..... RELIGION:
MOTHER'S CHRISTIAN & MAIDEN NAME:.....
MOTHER'S RELIGION:

HAVE YOU EVER BEEN BAPTIZED?

NO YES

IF YES: WHERE?(Church and Town)
WHEN? WHAT RELIGION?.....

PLEASE CHECK THE FOLLOWING?

I AM NOT MARRIED <input type="checkbox"/>	I AM MARRIED <input type="checkbox"/>
I WAS MARRIED BEFORE <input type="checkbox"/>	I AM PRESENTLY SEPARATED <input type="checkbox"/>
I AM DIVORCED BUT NOT REMARRIED <input type="checkbox"/>	I AM DIVORCED AND REARRIED <input type="checkbox"/>
MY PARTNER WAS MARRIED BEFORE	<input type="checkbox"/>
MY PARTNER HAS NEVER BEEN MARRIED BEFORE	<input type="checkbox"/>

IF MARRIED:

NAME OF CHURCH WHERE MARRIED:
PLACE OF MARRIAGE:
DATE OF MARRIAGE:.....

RCIA CANDIDATE SIGNATURE

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