



Adult Inquirer Information Form

2021-2022

First Name _____ Middle _____ Last _____ Maiden Name _____

Mailing Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Email _____

How do you wish to be contacted? Call Cell Phone Text Call Home Phone Email

Date of Birth _____ Place of Birth _____

(Please include city and state)

Father's Name _____

Mother's Name _____ Maiden Name _____

Baptism Information

Have you been baptized? Yes No I'm not sure Date (or approx. date) of baptism _____

Were you baptized in the Catholic Church? Yes No Name of Catholic Church _____

(Please include name, city and state)

If no: Which denomination? _____ Name of Church _____

(Please include name, city and state)

Sacraments Celebrated in the Catholic Church

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

N/A Reconciliation (Confession) Eucharist (First Communion) Confirmation

If married, was your marriage celebrated in the Catholic Church? Yes No N/A

Your Marital Status

Single Married Divorced Widowed Remarried Engaged

Date of present marriage _____ Name of Church _____

(Please include name, city and state)

This is my first marriage. I have been married before. If remarried, date of first marriage _____

If you have been married before, how many times? _____

If married to a Catholic, has your marriage been blessed in the Catholic Church? Yes No

If divorced, has a decree of nullity ever been granted by the Catholic Church? Yes No

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

Your Spouse/Fiancé's Status

His/Her Name First _____ Middle _____ Last _____ Maiden _____

Has he/she ever been baptized? Yes No Don't know

If yes, was he/she baptized Catholic? Yes No Don't know

If baptized in another faith, what denomination? _____

Is this his/her first marriage? Yes No Don't know

If he/she has been previously married, how many times? _____

Family Information

If you have children, are you seeking Baptism or other Sacraments for them? Yes No

If yes, please list name(s) and age(s)

Sacrament _____ Name _____ Age _____

Sacrament _____ Name _____ Age _____

Sacrament _____ Name _____ Age _____

Sacrament _____ Name _____ Age _____

Additional Information (information you feel we should know)

What or who has led you to want to learn more about the Catholic faith?

What experiences have you had with the Catholic Church to-date?

Are there any other questions or concerns you may have?

You can only send form digitally using Adobe Acrobat.

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