



# Adult Inquirer Information Form

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

Today's Date: \_\_\_\_\_

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(include **locality** (town, city, county, etc.), **region** (state, province, territory, etc.), and **country**)

Name of Father: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

## I. CONTACT INFORMATION

Full Mailing Address: \_\_\_\_\_

Phone: (Daytime) \_\_\_\_\_ (Evening/Weekend) \_\_\_\_\_

Cell/Mobile Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

## II. RELIGIOUS HISTORY

1. What, if any, is your present religious affiliation? \_\_\_\_\_

2. Have you ever been baptized? ☐ Yes ☐ No ☐ I am not sure

*If you answered "Yes" to Question 2, please provide the following information:*

(a) In what denomination were you baptized? \_\_\_\_\_

(b) Date or your approximate age when you were baptized: \_\_\_\_\_

(c) Baptismal name (if different from current name): \_\_\_\_\_

(d) Place of Baptism (name of church/denomination): \_\_\_\_\_

(e) Address, if known: \_\_\_\_\_

(f) Location, if known: \_\_\_\_\_  
(include **locality** (town, city, county, etc.), **region** (state, province, territory, etc.), and **country**)

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

☐ Penance (Confession) ☐ Eucharist (First Communion) ☐ Confirmation

### III. CURRENT MARITAL STATUS

*Check the appropriate statement(s) below and provide any information requested beneath each statement.*

☐ 1. I have never been married.

☐ 2. I am engaged to be married.

(a) Your Fiancé(e)'s Name: \_\_\_\_\_

(b) Your Fiancé(e)'s Current Religious Affiliation (if any): \_\_\_\_\_

(c) For you: ☐ This is my first marriage. ☐ I have been married before.

(d) For your fiancé(e): ☐ This is his/her first marriage. ☐ My fiancé(e) has been married before.

☐ 3. I am married.

(a) Your Spouse's Name: \_\_\_\_\_

(b) Your Spouse's Current Religious Affiliation (if any): \_\_\_\_\_

(c) For you: ☐ This is my first marriage. ☐ I have been married before.

(d) For your spouse: ☐ This is my spouse's first marriage. ☐ My spouse has been married before.

(e) Date of Marriage: \_\_\_\_\_

(f) Place of Marriage: \_\_\_\_\_

(include **locality** (town, city, county, etc.), **region** (state, province, territory, etc.), and **country**)

(g) Officiating Authority of Marriage: \_\_\_\_\_

(civil government, non-Christian minister, Christian minister, Catholic cleric)

☐ 4. I am married, but separated from my spouse.

☐ 5. I am divorced and I have not remarried.

☐ 6. I am a widow/widower and have not remarried since my spouse's death.

### IV. FAMILY INFORMATION

*List the name(s) of any children or other dependents (e.g., Daughter—Jane; Stepson—John).*

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

## V. GENERAL QUESTIONS

1. What or who has led you to want to know more about the Catholic Faith?

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2. Please describe the types of religious education you have received, as a child and as an adult.

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3. What contact have you had with the Catholic Church to date?

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4. What are some of the questions or concerns you have about the Catholic Church?

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5. At this point in time, which of the following statements best describes your present feelings and thoughts about the possibility of joining the Catholic Church? (please select one)

- A. I need much more information about the Catholic Church before I would consider joining.
- B. I am considering joining, but I am still unsure about it.
- C. I am fairly sure that I would like to join, but I still need some time to study and pray about it.
- D. I am fairly sure that I want to join the Catholic Church.