

RCIA INQUIRER INFORMATION

Date _____

Name _____

Address _____
Street City Zip

Phone _____
Home Work Cell

Email: _____

Are you baptized? Yes _____ No _____

If baptized, in what faith? _____

Are you currently: Single _____ Married _____ Widowed _____ Divorced _____

If married, is this your first marriage? Yes _____ No _____

If single, have you ever been married? Yes _____ No _____

Spouse's Name _____