



St. Charles Borromeo



Parish Religious Education Program

RCIA Inquirer Questionnaire Form 2019-2020



Questions? Call the Director of Religious Education at (941) 585-0668 or faithformation@stcbc.org. This information is kept securely and confidentially and will not be shared without your permission.

IF YOU ARE BAPTIZED *in the Catholic faith, or another Christian faith*, we will need a copy of your original baptismal certificate prior to the reception of the sacraments of First Reconciliation, First Holy Communion, and Confirmation.

IF YOU ARE NOT BAPTIZED, we will need a copy of your original birth certificate prior to the reception of the sacrament of Baptism, as well as the sacraments of First Reconciliation, First Holy Communion, & Confirmation.

Today's Date: _____

PERSONAL INFORMATION

First Name: _____ MI: _____ Last: _____

Maiden Name (If applicable): _____ Date of Birth: _____

Place of Birth: City: _____ State: _____ Country: _____

Current Address: _____

Current City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Marital Status: ☐ Single (Never Married) ☐ Married ☐ Engaged ☐ Divorced ☐ Widowed ☐ Other

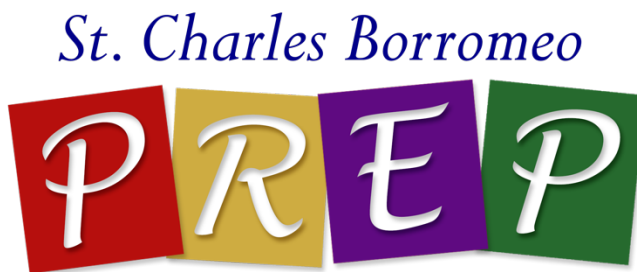
Occupation: _____ Employer: _____

PARENT INFORMATION

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Mother's Maiden Name: _____ (required)



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RELIGIOUS AFFILIATION

Current Religious Affiliation: _____

Childhood Religious Affiliation: _____

Other Past Religious Affiliations: _____

Have You Been Baptized? ☐ Yes ☐ No

If Yes:

- Denomination: _____
- Date of Baptism: _____
- Baptismal Name: _____
- Baptismal Church: _____
- Baptismal City: _____ Baptismal State: _____
- If Catholic Were You: ☐ Baptized at Church ☐ Privately Baptized ☐ Conditionally Baptized
☐ Baptismal Certificate Attached ☐ Baptismal Certificate Requested

If Catholic, Have You Received First Communion? ☐ Yes ☐ No

Date: _____

☐ Certificate Attached ☐ Certificate requested

If Catholic, Have You Received First Reconciliation? ☐ Yes ☐ No

Location: _____

If Married in Catholic Church: ☐ Certificate Attached

☐ Certificate Requested

Other Information About Your Past Religious Affiliations or Practices:



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MARRIAGE INFORMATION

- ☐ I have never been married and do not live with a “significant other” partner.
- ☐ I am engaged. Fiancé Name: _____ Religion: _____
- This will be my ☐ first marriage ☐ I have been married before.
- When? Where? Church? Civil? Divorced? Annulment?
- #1: _____
- #2: _____
- This will be my Fiancé’s ☐ first marriage ☐ My fiancé has been married before
- When? Where? Church? Civil? Divorced? Annulment?
- #1: _____
- #2: _____
- ☐ I am married. Spouse Name: _____ Religion: _____
- ☐ Catholic Sacrament of Marriage
- When? Where? Church? Certificate Available? _____
- _____
- ☐ Non-Catholic Marriage
- When? Where? Church? Convalidated? Applied? _____
- _____
- ☐ This is my first marriage
- ☐ I have been married before
- When? Where? Church? Civil? Divorced? Annulment?
- #1: _____
- #2: _____



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PREP



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MARRIAGE INFORMATION (CONTINUED)

☐ This is my spouse's first marriage

☐ Spouse has been married before

When? Where? Church? Civil? Divorced? Annulment?

#1: _____

#2: _____

☐ Currently separated from my spouse

Details: _____

☐ I have been married, but I am now divorced, and I have not remarried.

☐ I was married in the Catholic Church

☐ I was married in another Christian Church

☐ I was married in a Civil Ceremony

Details on Previous Marriages:

When? Where? Church? Civil? Divorced? Annulment?

#1: _____

#2: _____

☐ I have been married but am a widow/widower and have not remarried since spouse's death.

Depending on your individual situation, you may need to meet with a designated Marriage Specialist who will help coordinate any required paperwork or documentation that may be required in relation to your marriage(s). If you are advised to meet with a Marriage Specialist, you should do so as early as possible to avoid any unnecessary delays in receiving Sacraments.

HOUSEHOLD AND FAMILY INFORMATION

Names of any other persons who live in your household. Also include children who live elsewhere.

Name: _____ Relationship: _____ Age: _____ Faith: _____

Name: _____ Relationship: _____ Age: _____ Faith: _____

Name: _____ Relationship: _____ Age: _____ Faith: _____

Name: _____ Relationship: _____ Age: _____ Faith: _____



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RCIA QUESTIONNAIRE

Who, or what, has prompted you to inquire about the Catholic Church at this time?

Describe your religious education experience as a child:

Describe your contact or experiences with the Catholic Church to date:

Do you have any questions or concerns about the Catholic Church or the RCIA Process?

Which best describes you right now?

- ☐ I want to enter the Catholic Church.
- ☐ I think I might want to enter the Catholic Church.
- ☐ I am just looking to see what the Catholic Church has to offer.
- ☐ I want to find out more about the Catholic Church.
- ☐ I do not want to enter the Catholic Church, but I want to know what Catholics believe.
- ☐ I am already Catholic, and I am seeking to complete the Sacraments of Initiation.
- ☐ I am already Catholic, but I have had little or no contact with the Church.

Have you already selected a sponsor? ☐ Yes ☐ No

If so, who? _____

** Be sure to have your sponsor complete a RCIA Sponsor Registration and Verification Form **

Have you already chosen a Patron Saint? ☐ Yes ☐ No

If so, who? _____

X _____ X _____
Signature of Inquirer Date



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RCIA INQUIRER CHECKLIST

Name: _____ Date: _____

Thank you for your interest in the Rite of Christian Initiation for Adults (RCIA) at St Charles Borromeo Catholic Church. We hope your RCIA experience will be welcoming and spiritually uplifting! Attached is a copy of your interview form which was filled out at your Initial Interview. Please review this form to ensure we got all your information correct and let us know if you find any errors.

Your RCIA meetings will be held on _____ from _____ (start) until _____ (end) in the _____ according to the attached schedule.

The following items will be required prior to the reception of Sacraments:

- | | | |
|---|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Baptism Certificate | <input type="checkbox"/> Sponsor Verification Form |
| <input type="checkbox"/> Parish Registration Form | <input type="checkbox"/> First Communion Certificate | <input type="checkbox"/> Confirmation Saint Name Sheet |
| <input type="checkbox"/> Marriage Certificate(s) | <input type="checkbox"/> Divorce Decree(s) | |

☐ Meeting with designated Marriage Specialist:

Name: _____

Phone: _____

☐ I understand that additional items may be required by Marriage Specialist.

If you have questions, please call _____ at _____.

☐ I understand that all meetings must be attended, or make-up work may be required prior to receiving my requested Sacraments of:

- ☐ Baptism
- ☐ First Eucharist
- ☐ Confirmation

X _____

Signature of Inquirer

X _____

Date