

ST MICHAEL'S CATHOLIC CHURCH

Under the Care of the Michaelite Fathers 10 Croydon Road Hurstville NSW 2220 Phone: 02 7252 3966



Email: stmichaelhurstville@gmail.com Web: www.stmichaelhurst.org.au

Rite of Christian Initiation of Adults (RCIA)

Adult Inquirer Information Form

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

| Surname: | | _ Given Na | me/s: | | | | | | |
|-------------------------|---|-------------------------|--------------------------|-----------|--------------|-----------|----------|--|--|
| Maiden Name o | r Previous Name/s (if ap | plicable): ₋ | | | | | | | |
| Date of Birth: | | | _ Gender (cir | cle): | M | F | | | |
| Place of Birth: _ (I | nclude locality {town, city, co | ountry, etc}, i | r egion {state, p | province, | territory, | etc}, and | country) | | |
| Name of Father | : | Religion: | | | | | | | |
| Name of Mothe | of Mother: Religion: | | | | | | | | |
| Occupation: | | | | | | | | | |
| Full Mailing Add | ress: | | | | | | | | |
| Mobile Phone: _ | Lanc | Landline: | | | Email: | | | | |
| Religious Inf | ormation | | | | | | | | |
| | ormation | | | | | | | | |
| What is your cu | rrent religious affiliation | ? | | | | | | | |
| Have you ever b | een baptised (circle)? | Yes | No | Not | sure | | | | |
| If you answered | yes above, please answ | er the follo | owing questi | ons: | | | | | |
| • | u baptised in (please cir other church? Please p | • | | | | | | | |
| 2) Date or y | our approximate age u | oon baptisi | m: | | | | | | |
| 3) Place of | Baptism (name of churc | h): | | | | | | | |
| 4) Address: | | | | | | | | | |
| 5) If baptise | ed Catholic, please circle | e if you hav | e received t | he Sacra | ament o | f: | | | |

Reconciliation Holy Communion

Confirmation

| Mai | rital Status |
|--------------|--|
| 1) | Tick the appropriate statements below and provide any information requested beneath each statement I have never been married. [] |
| 1) | I have never been married. [] |
| 2) | I was married but the marriage was annulled. [] |
| 3) | I am engaged to be married. [] |
| a) | Your fiancé(e)'s name: Sex (circle): M F |
| b) | Your fiancé(e)'s religious affiliation: |
| c) Result | For you: [] This will be my first marriage [] I have been married before of first marriage: [] death of spouse [] annulment [] divorce [] separation |
| d) Result | For your fiancé(e): [] This will be his/her first marriage [] My fiancé(e) has been married before of first marriage: [] death of spouse [] annulment [] divorce [] separation |
| e) | Date of Wedding: |
| f) | Place of Wedding: |
| 4) | I am married. [] |
| a) | Your spouse's name: Sex (circle): M F |
| b) | Your spouse's religious affiliation: |
| c) Result | For you: [] This is my first marriage [] I have been married before coffirst marriage: [] death of spouse [] annulment [] divorce [] separation |
| d) Result | For your spouse: [] This is his/her first marriage [] My spouse has been married before coffirst marriage: [] death of spouse [] annulment [] divorce [] separation |
| e) | Date of Current Marriage: |
| f) | Place of Current Marriage: |
| g) | Officiating Authority of Marriage:(civil government, non-Christian minister, Christian minister, Catholic Clergy) |
| 5) | I am married but separated from my spouse. [] |
| 6) | I am divorced and I have not remarried. [] |
| 7) | I am a widow/widower and have not remarried. [] |
| 8) | I am in a de-facto relationship. [] |
| a) | Your partner's name: Sex (circle): M F |
| b) | Your partner's religious affiliation: |
| c) | Has your partner been married before (circle)? Yes No If yes, result of marriage: [] death of spouse [] annulment [] divorce [] separation |

| Children or A | Any Other Dependents | | | | |
|-------------------|---|-------------|-------------|-----------------|-------------------------|
| Polationshin: | Namo | | | | |
| Relationship: | Name: Consider for Baptism (circle)? | Yes | No | Not sure | Already Catholic |
| <u> </u> | | | | | , |
| | Name: | | | | |
| Age: | Consider for Baptism (circle)? | Yes | No | Not sure | Already Catholic |
| Relationship: | Name: | | | | |
| Age: | Consider for Baptism (circle)? | Yes | No | Not sure | Already Catholic |
| | | | | | |
| Relationship: | Name: | Voc | No. | Not sure | Alroady Catholic |
| Age: | Consider for Baptism (circle)? | Yes | No | Not sure | Already Catholic |
| Relationship: | Name: | | | | |
| | Consider for Baptism (circle)? | | No | Not sure | Already Catholic |
| | | | | | |
| General Que | estions | | | | |
| deficial Que | 5110115 | | | | |
| Circle the stater | nent that best applies to you: | | | | |
| | nore information before I would con | sider ent | ering the | Catholic Chur | ch |
| • | sidering entering the Catholic Churc | | _ | | C11. |
| • | ly sure that I would like to enter the | | | | more time |
| • | like to receive the Sacraments of Init | | | | |
| a, iwaaa | inc to receive the sacraments or inc | ciacion an | ia criter i | ire catrione er | iai cii. |
| Why do you wa | nt to become Catholic? | | | | |
| | | | | | |
| | | | | | |
| What or who ha | as led you to want to know more abo | out the Ca | atholic Fa | aith? | |
| | | | | | |
| | | | | | |
| Please describe | the opportunities you have had to p | participat | e in relig | ious studies (a | ttended Catholic |
| | ated in bible study, etc) | our crosput | e iii reiig | ious studies (u | tterraea catrione |
| | | | | | |
| | | | | | |
| What contact ha | ave you had with the Catholic Churc | h to date | ? | | |
| | | | | | |
| | | | | | |
| What are the co | oncerns or questions you have about | t the Cath | nolic Chu | rch, her teachi | ngs and her presence ir |
| the world today | ? | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Signature | | | | Date |



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Rite of Christian Initiation of Adults (RCIA)

Sacrament of Baptism Registration Form (Adult)

| Date | | | | | | | | | | |
|--|--|-----------|---------|---------------|-----|---|----|----------|--|--|
| Given Name/s | | | Surname | | | | | | | |
| Chosen Saint's Name for Bapt | .ism | | | | | | | _ | | |
| Date of Birth | Place of Birth | | | | Sex | М | or | F | | |
| Address | | | | | | | | _ | | |
| Mobile | Email | | | _ Home Number | | | | | | |
| Father: Given Name/s | | | Surname | | | | | | | |
| Religion | | | | | | | | | | |
| Mother: Given Name/s | | Surname | | Maiden Name | | | | | | |
| Religion | | | | | | | | | | |
| Godparent: Given Name/s | | | Surname | | | | | | | |
| Date of Baptism if not Easter \ | Vigil Mass | | | | | | | | | |
| Signature | | _ | | | | | | | | |
| Documents needed: 1) A copy of birth certifica 2) A copy of the baptismal | ite and photo ID (license or I certificate of godparent | passport) | | | | | | | | |
| Office use only | | | | | | | | | | |
| Priest | | | | Date | | | | | | |
| Comments | | | | | | | | \dashv | | |