



# ST. JOSEPH CATHOLIC CHURCH

## *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)

### I. CONTACT INFORMATION

Street Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

Cell/Mobile Phone: \_\_\_\_\_ (Text capability?  YES  NO)

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Okay to call at work?  YES  NO

### 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: (REQUIRED)

(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: \_\_\_\_\_

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

Penance (Confession)  Eucharist (First Communion)  Confirmation

4. Are you already attending Sunday Mass here at St Joseph?  NO  YES Which Mass? \_\_\_\_\_

### 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's Name: \_\_\_\_\_
  - (b) Your Fiancé's Current Religious Affiliation (if any): \_\_\_\_\_
  - (c) For you:  This is my first marriage.  I have been married before.
  - (d) For your fiancé:  This is his/her first marriage.  My fiancé 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. How many times? \_\_\_\_\_
  - (d) For your spouse:  This is his/her first marriage.  My spouse has been married before.
  - (e) Date of Marriage: \_\_\_\_\_
  - (f) Place of Marriage: \_\_\_\_\_  
(be as specific as possible: church/city hall, etc. city, state)
  - (g) Officiating Authority of Marriage: \_\_\_\_\_  
(name and position: civil government, non-Christian minister, Christian minister, priest)
  
- 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

Your Father's full name: \_\_\_\_\_

Your Mother's Name with Maiden Name: \_\_\_\_\_

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

Relationship: _____	Name: _____	Age: _____
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