



SAINT ALPHONSUS
PARISH

**Rite of Christian Initiation of Adults
INQUIRER QUESTIONNAIRE**

Name _____
(if applicable also include maiden name, other prior names if adopted or legal name change)

Address _____

Date of Birth _____ Place of Birth _____

Mobile Phone _____ Other phone _____
 Work Home

Email _____

Occupation _____ Workplace _____

Have you ever been baptized, christened, or sprinkled in any religion? Yes No

If yes*:

Date (Month/Date/Year) _____
Name of Church, City, State _____
In what denomination? _____
Person who baptized _____
Sponsors at Baptism _____

Note: If you have been baptized more than once, please provide information regarding first baptism here, and add information regarding additional baptisms on a separate page.

* A certificate of baptism should be obtained from the Church of baptism, and an investigation should be made to determine the validity of any non-Catholic Baptism.

If you were not baptized, christened, or sprinkled, how do you know that? _____

Have you ever been confirmed? Yes No

If you were confirmed:

Date (Month/Date/Year) _____
Name of Church, City, State _____
In what denomination? _____
Minister _____
Sponsors _____

Names and locations of Churches you have attended: _____

Describe your religious or Sunday School training: _____

What is your present religious affiliation? _____

What Church do you presently attend? _____

Your Present Marital Status:

Married Single Engaged Separated Divorced

Have you ever been married in any church, or civilly, or in any traditional or tribal ceremony?

Yes No *If yes, list marriages, including present marriage:*

Name of Spouse	Place of Marriage
A. _____ (please include maiden name)	
B. _____	
C. _____	
Date of Marriage	Date and How Marriage Ended
(Month/Day/Year)	(Death/Divorce/Declaration of Nullity/Other)
A. _____	
B. _____	
C. _____	

Regarding each prior marriage which did not end in the death of your spouse:

Has the marriage ever been declared invalid or otherwise resolved by a Catholic Church Tribunal or Chancery?

Yes No *If yes, do you have the official document that was issued?* Yes No

Regarding any prior marriage which ended in the death of your spouse:

Do you have a copy of the death certificate, or other proof of the death? Yes No

INFORMATION ABOUT YOUR SPOUSE'S (FIANCÉ/E'S) PRIOR MARITAL HISTORY:

Name of spouse/fiancé/fiancée _____

Religion _____

Has your spouse/fiancé/fiancée ever been married before? Yes No

If yes, list prior marriages of spouse/fiancé/ fiancée:

Name of Spouse's Prior Spouse	Place of Marriage
A. _____ (please include maiden name)	(city/county/state)
B. _____	
Date of Marriage	Date and How Marriage Ended
(Month/Day/Year)	(Death/Divorce/Declaration of Nullity/Other)
A. _____	
B. _____	

Regarding each prior marriage of your spouse which did not end in the death of your spouse's prior spouse:

Was his/her prior marriage(s) ever declared invalid by a Catholic Church Tribunal or Chancery?

Yes No If yes, does he/she have the official document that was issued? Yes No

Regarding any prior marriage of your spouse which ended in the death of your prior spouse's prior spouse:

Does he/she have a copy of the death certificate, or other proof of the death? Yes No