RCIA Inquiry Form
General Information

Name: _____
First *Middle* *Last*

Address: _____

_____
City *State* *Zip Code*

Phone: _____
Home *Work* *Cell*

Date of Birth: _____
Month *Date* *Year*

Place of Birth: _____
City *State* *Zip Code*

Father: _____
First *Middle* *Last*

Mother: _____
First *Maiden* *Last*

Present Religious Affiliation: _____

Sacrament	Yes/No	Date	Church and address	Denomination
Baptism				
Eucharist				
Confirmation				