



# ST MICHAEL'S PARISH

Under the Care of the Michaelite Fathers  
10 Croydon Road Hurstville NSW 2220



Phone: 02 9587 2166 Fax: 02 9588 3591

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## 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 Name/s: \_\_\_\_\_

Maiden Name or Previous Name/s (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (circle):    M    F

Place of Birth: \_\_\_\_\_  
(Include **locality** {town, city, country, etc}, **region** {state, province, territory, etc}, and **country**)

Name of Father: \_\_\_\_\_ Religion: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Religion: \_\_\_\_\_

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

Full Mailing Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Landline: \_\_\_\_\_ Email: \_\_\_\_\_

### Religious Information

What is your current religious affiliation? \_\_\_\_\_

Have you ever been baptised (circle)?    Yes    No    Not sure

If you answered yes above, please answer the following questions:

- 1) Were you baptised in (please circle) **The Catholic Church** or **The Orthodox Church** or **a Protestant church** or some **other church**? Please provide details: \_\_\_\_\_
- 2) Date or your approximate age upon baptism: \_\_\_\_\_
- 3) Place of Baptism (name of church): \_\_\_\_\_
- 4) Address: \_\_\_\_\_
- 5) If baptised Catholic, please circle if you have received the Sacrament of:  
**Reconciliation**                      **Holy Communion**                      **Confirmation**

## Marital Status

Tick the appropriate statements below and provide any information requested beneath each statement

- 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) For you:      [   ] This will be my first marriage      [   ] I have been married before  
Result of first marriage: [   ] death of spouse      [   ] annulment      [   ] divorce      [   ] separation
  
  - d) For your fiancé(e): [   ] This will be his/her first marriage      [   ] My fiancé(e) has been married before  
Result 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) For you:      [   ] This is my first marriage      [   ] I have been married before  
Result of first marriage: [   ] death of spouse      [   ] annulment      [   ] divorce      [   ] separation
  
  - d) For your spouse: [   ] This is his/her first marriage      [   ] My spouse has been married before  
Result of first 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 Any Other Dependents

Relationship: \_\_\_\_\_ 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: \_\_\_\_\_

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: \_\_\_\_\_

Age: \_\_\_\_\_ Consider for Baptism (circle)?      Yes      No      Not sure      Already Catholic

## General Questions

Circle the statement that best applies to you:

- a) I need more information before I would consider entering the Catholic Church.
- b) I am considering entering the Catholic Church but still unsure about it.
- c) I am fairly sure that I would like to enter the Catholic Church but would like more time.
- d) I would like to receive the Sacraments of Initiation and enter the Catholic Church.

Why do you want to become Catholic?

\_\_\_\_\_

\_\_\_\_\_

What or who has led you to want to know more about the Catholic Faith?

\_\_\_\_\_

\_\_\_\_\_

Please describe the opportunities you have had to participate in religious studies (attended Catholic school, participated in bible study, etc)

\_\_\_\_\_

\_\_\_\_\_

What contact have you had with the Catholic Church to date?

\_\_\_\_\_

\_\_\_\_\_

What are the concerns or questions you have about the Catholic Church, her teachings and her presence in the world today?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





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## Sacrament of Baptism Registration Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M or F

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_ Home Number: \_\_\_\_\_

Church/ Parish currently attending: \_\_\_\_\_

Godparent's Name: \_\_\_\_\_

**Godparent must provide a copy of Baptismal certificate.**

Date of Baptism requested (if not Easter Vigil Mass): \_\_\_\_\_

Chosen Saint Name (Baptismal Name): \_\_\_\_\_

Office use only	
Priest: _____	Date: _____
Comments: _____	