

St. Madeleine Catholic Church – High Springs, Florida  
Rite of Christian Initiation of Adults (RCIA)  
Initial Inquiry Form  
(Please print or type all information)

Name: \_\_\_\_\_  
First Middle Last (Maiden)

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

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Have you ever been Baptized or Christened? \_\_\_\_\_ As an adult or child? \_\_\_\_\_  
(Date)

Father's Name: \_\_\_\_\_  
First Last Church Affiliation

Mother's Name: \_\_\_\_\_  
First Last Church Affiliation

Marital status: \_\_\_\_\_ Have you ever been married before? \_\_\_\_\_  
(single, engaged, married, separated, divorced, widowed)

Information about your present/intended spouse (if applicable):

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

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

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

Baptized? \_\_\_\_\_ Current denomination: \_\_\_\_\_

Why are you interested in becoming a Catholic Christian? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_