

# Initiation Questionnaire

(Please Type or Print)

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

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
(Maiden Name)

Have you ever been Baptized? \_\_\_\_\_ If yes:

Name of church: \_\_\_\_\_

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

Denomination: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

An official certificate of Baptism (with notations, if applicable) must be presented before the Rite of Welcoming.

Have you ever been Confirmed: \_\_\_\_\_ Received Communion? \_\_\_\_\_

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

Have you ever been accepted as a catechumen as a catechumen or a candidate in the Catholic Church? \_\_\_\_\_ If yes when? \_\_\_\_\_

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

Who sponsored you for initiation? \_\_\_\_\_

From the parish of \_\_\_\_\_ City \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Please indicate marital status at the present time:

Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

If engaged, what is present or previous marital status of your fiancé?

Never Married \_\_\_\_\_ Previously Married \_\_\_\_\_

If your fiancé was previously married and the former marriage was dissolved or declared null by the Roman Catholic Church, indicate:

Diocese and Protocol No. \_\_\_\_\_ Date: \_\_\_\_\_

If you are married, spouse's full name: \_\_\_\_\_

Date and place of marriage: \_\_\_\_\_

Officiant: \_\_\_\_\_  
(Name) (Title)

Prior to this marriage, have you ever been married to another person in church, civilly or in common law? \_\_\_\_\_

If yes, how many times were you married? \_\_\_\_\_

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

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

Officiant: \_\_\_\_\_

In your former spouse is deceased, please indicate:

Date of Death: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

This former marriage was dissolved or declared null by the Church \_\_\_\_\_

Diocese and Protocol Number: \_\_\_\_\_

Date of decree: \_\_\_\_\_

Former marriage was ever dissolved or declared null by the Church: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Has your spouse ever been married (Prior to your marriage) to another person in church, civilly, or in common law? \_\_\_\_\_

If yes please indicate:

How many times he/she married? \_\_\_\_\_

To Whom: \_\_\_\_\_

Officiant: \_\_\_\_\_

If his/her former spouse is deceased indicate:

Date of Death: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

If his/her former marriage was dissolved or declared null by the Roman Catholic Church, indicate:

Diocese and Protocol Number: \_\_\_\_\_

Date of Decree: \_\_\_\_\_

This former marriage was never dissolved or declared null by the Church: \_\_\_\_\_

Have you ever received religious instruction:

Catholic School \_\_\_\_\_ Parish Religious Education \_\_\_\_\_ Sunday School \_\_\_\_\_

How many years total? \_\_\_\_\_