



Today's Date:

Child/Teen Inquirer Information Form

Information on this form is held in confidence and is not shared without your permission.

For children age 7 and in first grade or younger whose parents request Baptism --need to be prepared and baptized which will be celebrated when parish baptisms are scheduled

--need to be prepared and baptized which will be celebrated when parish baptisms are scheduled --if parent is attending OCIA and would wish child to be baptized at Easter Vigil, permission is granted

For children over the age of 7 and in second grade or older whose parents request Baptism -- full initiation (reception of Baptism, First Eucharist and Confirmation) must take place and will be celebrated at the Easter Vigil.

Child/Teen's Name: First:	:	Middle:	L	ast:		
Date of Birth:			Age:			
Place of Birth:	City	State		 Zip		
Grade Level:				·		
Inquirer form for (check o	ne): 🖵 F		☐ Baptism only			
I. PARENT/	GUARDIA	N INFORMATION	ON			
Name of Father:	First	Last				
Name of Mother:	First			Maidon		
Religious Affiliation:		Last		Maiden		
Full Mailing Address:	Street					
	City	State	3	Zip		

Phone: (Daytime)		(Evening/V	Veekend)		
Cell/Mobile Phone:		Email: (Home	e)		
Child/teen lives with (check one):	☐ Parents	☐ Mother o	only 🗖 I	ather only	
	☐ Other (pl	ease explain) ₋			
If child/teen lives with one parent/gulives with a step-parent:	•		•	•	d/teen also
If there is a joint custody arrangement	ent, please pro	ovide alternate	full address:		
Street		City		State	Zip
II. RELIGIOUS HIS	STORY				
1. Has your child/teen ever been	baptized?	□ Yes	□ No	☐ I am not sure	
If you answered "Yes" to of the baptismal certificat	•	lease provide	the following	g information along	with a copy
(a) In what denomination wa	as your child/te	een baptized?			
(b) Date or approximate age	e when your cl	nild/teen was b	aptized:		
(c) Baptismal name (if differen	nt from current na	ame):			
(d) Place of Baptism (name of	of church/denomir	nation):	Chu	rch name	
(e) Address, if known:					
Street		1-41	City		Zip
2. If your child/teen was baptized	i Catholic, ch	eck those sac	raments ne/s	ne nas aiready rece	eivea:
☐ Penance (Confession)	□ E	ucharist (First	Communion)		
3. If the child/teen is being bapti	zed, please c	omplete the f	ollowing info	mation:	
Name of Godparents:					
(a) Male			Parish		
Address:Street					
Street			City	State	Zip
Phone:					

	(b) Female	Parish					
	Address:	City	State	 Zip			
		·	State	ΖΙΡ			
	Priorie.						
4. If	the child/teen is being Confirm	ed, please complete the following inf	formation:				
	Name of Sponsor:						
	Parish						
	Address:Street	City	State	 Zip			
	Phone:	City	State	ΖΙΡ			
	Choosing a Confirmation Name	e:					
	W OFNERAL OUES	TIONO					
	III. GENERAL QUEST	IIONS					
1. P	lease describe the types of religi	ious education in which your child/te	een has participated	I, if any?			
	•	•		•			
2. W	/hat contact has your child/teen	had with the Catholic Church to date	; ?				
3 W	That are some of the questions o	or concerns your child/teen has abou	et the Catholic Churc	rh?			
0	mat are some of the questions o	o concerns your enmarteen has assu	tilo Satilollo Silait	JII .			
4. PI	lease summarize below the reaso	on(s) your child/teen desires to begin	the Christian initiati	on process?			