STM Adult Inquirer Information Form 2025/2026

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

Today's Date:			
Name: First:	Middle:	Last:	
Maiden Name (if applicab	ile):		
Date of Birth:		Age:	
Place of Birth:(include loc	ality (town, city, county, etc.), r	region (state, province, territory, etc.),	and country)
Name of Father:			
Name of Mother:			
I. CONTACT INFO	RMATION		
Full Mailing Address:			
Phone: (Daytime)		(Evening/Weekend)	
Cell/Mobile Phone:		Occupation:	
Email: (Home)		(Other)	
II. RELIGIOUS HI	STORY		
1. What, if any, is your pre	esent religious affiliation?		
2. Have you ever been ba	ptized? 🗆 Yes 🗀 No 🗀 I	am not sure	
If you answered "Yes"	' to Question 2, please provide	the following information:	
(a) In what denomina	tion were you baptized?		
(b) Date or your appro	oximate age when you were b	aptized:	
(c) Baptismal name (if	different from current name)	:	
		ı):	
	: de locality (town, city, county, c	etc.), region (state, province, territory,	etc.), and country)
•	•	ments you have already received:	mation

III. CURRENT MARITAL STATUS Charlet the grand prints statement/s) helow and provide any information

	opriate statement(s) below ver been married.	v and provide any in	formation requested beneath each state	ment.
	ged to be married.			
(a) You	r Fiancé(e)'s Name:			
(b) You	r Fiancé(e)'s Current Relig	ious Affiliation (if a	ny):	
(c) For	you: 🗖 This is my first ma	rriage. 🛭 I have be	en married before.	
	(d) Date of Your Previous	Marriage:		
	(e) Place of Your Previous	s Marriage:		
	(include locality (town, city,	county, etc.), region (state, province, territory, etc.), and country)	
(d) For	your fiancé(e): 🛭 This is h	nis/her first marriag	e. 🛘 My fiancé(e) has been married bet	ore.
	(e) Date of fiance's Marri	iage:		
	(f) Place of fiance's Marr	iage:		
	(include locality (town, city,	county, etc.), region	state, province, territory, etc.), and country)	
3. I am marr				
(c) For	you: This is my first ma	rriage. 🛭 I have be	y):en married before. Fiage. ☐ My spouse has been married be	
(e) Dat	e of Spouse's Marriage:			
(f) Plac	e of Spouse's Marriage:			
	(include local	lity (town, city, county	, etc.), region (state, province, territory, etc.)	, and country)
(g) Offi	ciating Authority of Marri	-		
. 4. I am marr	ied, but separated from m	, ,	t, non-Christian minister, Christian minister, C	atholic cleric)
	•			
☐ 5. I am divo	rced and I have not remar	ried.		
☐ 6. I am a wid	dow/widower and have no	ot remarried since i	ny spouse's death.	
IV. FAMIL	Y INFORMATION			
List the nar	ne(s) of any children or oth	her dependents (e.g.	, Daughter — Jane; Stepson — John).	
Relationshi	ip:	Name:		_ Age:
Relationshi	ip:	Name:		_ Age:
Relationshi	ip:	Name:		_ Age:
Relationshi	ip:	Name:		_ Age:
Relationshi	ip:	Name:		_ Age:

. GENERAL QUESTIONS 1. What or who has led you to want to know more	about the Catholic Faith?
2. If you could put it into words, how would you d God to this point in your life?	escribe your relationship with
3. Please describe the types of religious education y and as an adult.	you have received, as a child
4. What contact have you had with the Catholic Cl	nurch to date?
5. What are some of the questions or concerns you	have about the Catholic Church

Name of Church	City, State	Approx Dates of Attendance (Months/Yea
	• • • • • • • • • • • • • • • • • • • •	For Example: Apr 2023-Jan 2024
_		g statements best describes your
Church? (please circle)	_	ssibility of joining the Catholic
\ <u>1</u>		tholic Church before I would consid
joining.		1
B. I am considering join	O.	re about it. I still need some time to study and
pray about it.	would like to join, but	1 still need some time to study and
D. I am fairly sure that I	want to join the Catho	lic Church.
-	techized Catholic who	desires to complete my sacraments
initiation.		
. Do you have any medical	, physical, or psycholog	gical limitations that may affect you
·		gical limitations that may affect you
articipation? 🗆 Yes 🗖 I	No	
articipation? 🗖 Yes 🗖 I	No	gical limitations that may affect your
articipation?	No	
articipation?	No cal, physical, or psycho	ological limitations that may affect y
articipation?	No cal, physical, or psycho	ological limitations that may affect y
Articipation?	cal, physical, or psychological controls and the controls are controlled are controls are controlled are controls are controlled are controls are controlled are controls are controlled	ological limitations that may affect y