



# 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*

*--if parent is attending RCIA 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.*

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

Child/Teen's Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State Zip

Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Inquirer form for (check one):  
☐ Full Initiation ☐ Baptism only  
☐ Confirmation only ☐ First Eucharist & Confirmation

## I. PARENT/GUARDIAN INFORMATION

Name of Father: \_\_\_\_\_  
First Last

Name of Mother: \_\_\_\_\_  
First Last Maiden

Religious Affiliation: \_\_\_\_\_

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

City State Zip

Phone: (Daytime) \_\_\_\_\_ (Evening/Weekend) \_\_\_\_\_

Cell/Mobile Phone: \_\_\_\_\_ Email: (Home) \_\_\_\_\_

Child/teen lives with (check one): ☐ Parents ☐ Mother only ☐ Father only  
☐ Other (please explain) \_\_\_\_\_

If child/teen lives with one parent/guardian, please indicate who has legal custody and/or if the child/teen also lives with a step-parent: \_\_\_\_\_

If there is a joint custody arrangement, please provide alternate full address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## II. RELIGIOUS HISTORY

1. Has your child/teen ever been baptized? ☐ Yes ☐ No ☐ I am not sure

***If you answered "Yes" to Question 1, please provide the following information along with a copy of the baptismal certificate:***

(a) In what denomination was your child/teen baptized? \_\_\_\_\_

(b) Date or approximate age when your child/teen was baptized: \_\_\_\_\_

(c) Baptismal name (if different from current name): \_\_\_\_\_

(d) Place of Baptism (name of church/denomination): \_\_\_\_\_  
Church name

(e) Address, if known: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. If your child/teen was baptized Catholic, check those sacraments he/she has already received:

☐ Penance (Confession) ☐ Eucharist (First Communion)

3. If the child/teen is being baptized, please complete the following information:

**Name of Godparents:**

(a) Male \_\_\_\_\_ Parish \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

(b) Female \_\_\_\_\_ Parish \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

**4. If the child/teen is being Confirmed, please complete the following information:**

Name of Sponsor: \_\_\_\_\_

Parish \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

Choosing a Confirmation Name: ☐ Yes (print name if known) \_\_\_\_\_

### III. GENERAL QUESTIONS

**1. Please describe the types of religious education in which your child/teen has participated, if any?**

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**2. What contact has your child/teen had with the Catholic Church to date?**

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**3. What are some of the questions or concerns your child/teen has about the Catholic Church?**

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**4. Please summarize below the reason(s) your child/teen desires to begin the Christian initiation process?**

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