PRECATECHUMENATE QUESTIONNAIRE

St. Patrick's Catholic Church

710 West Marion Street - Joliet, IL 60436 ♦ (815) 727-4746

IF YOU ARE A BAPTIZED CATHOLIC, you will need to provide a NEW (original) baptismal certificate from your parish of baptism. If you have been baptized in another faith, a copy of your original certificate will suffice.

IF YOU ARE CURRENTLY MARRIED, you will also need to provide a copy of your marriage certificate prior to the Easter Vigil.

Date:							
Name:							
First			Last		Maiden		
Address:							
St	reet		Cit	y	County	State	Zip
Home Phone:			Work Phone:				
Date of Birth:			Place of Birth:				
Father's Name:			Religion:				
Mother's Name:			Religion:				
	Inclu	de Maiden N	ame	_			
CONCERN	ING YO	URSELF:					
Occupation:							
Present Marital Status: Married Married		☐ Single	☐ Engaged	* 🖵 Separate	ed 🖵 Divo	orced**	
*If engaged, p	olease prov	ide the follo	owing:				
Date of Wedding:				_ Location:			
** If divorced	l, please sp	eak to facil	itator befor	re continuin	g the RCIA P	Process.	

MARRIAGES: Have you previously been married in church, ☐ Yes ☐ No civilly, or in common law? *If the answer is "YES": **Current Marriage** Religion: _______ Please include maiden name, if applicable. Spouse's Name: Date of Marriage: City & State: Place of Marriage: **Previous Marriage #1** _____ Religion: _____ Spouse's Name: Please include maiden name, if applicable. Date of Marriage: Place of Marriage: City & State: How Marriage Ended: **Previous Marriage #2** Spouse's Name: Religion: Please include maiden name, if applicable. Date of Marriage: Place of Marriage: City & State:

If you need additional space, please use the back of this form.

How Marriage Ended:

Name Date of Birth Religion 1. 2. 3. 4. 5. *If you need additional space, please use the back of this form.* IF ENGAGED: Spouse's Name: _____ Religion: ____ Has your Fiancé(e) been previously married? ☐ Yes ☐ No *If the answer is "YES": **Previous Marriage #1** Religion: Spouse's Name: Please include maiden name, if applicable. Date of Marriage: City & State: _____ Place of Marriage: How Marriage Ended: **Previous Marriage #2** Spouse's Name: Date of Marriage: City & State: Place of Marriage: How Marriage Ended: *If you need additional space, please use the back of this form.*

CHILDREN:

SACRAMENTS RECEIVED:

BAPTISM: ☐ Yes \square No Have you ever been baptized, christened, or sprinkled in any religion? *If the answer is "YES": Date of Baptism: Name of Church: City & State: Denomination: Name of Minister: Name of Sponsor(s): **COMMUNION:** Have you received First Communion in a Catholic church? ☐ Yes \square No *If the answer is "YES": Date of 1st Communion: Name of Church: City & State: **CONFIRMATION:** ☐ Yes Have you received Confirmation in a Catholic church? ☐ No *If the answer is "YES": Date of Confirmation: Name of Church: City & State: Name of Minister: Name of Sponsor(s):

GENERAL INFORMATION:

What is your present religious affiliat	tion?				
Name of church you attend:	City & State:				
Names of other churches you have at	tended:				
Describe your religious or Sunday Sc	hool training:				
Why do you wish to join the Catholic Church at this time? I want to become a Catholic. I think I might want to become a Catholic. I'm just looking to see what the Catholic Church has to offer. I want to find our more about the Catholic Church. I don't want to join, but just want to know what Catholics believe. I'm Catholic, but have had little or no contact with the Church. Other What, or who, has prompted you to inquire about the Catholic Church at this time?					
	•				
Please give any further information v	vhich might be helpful to us:				