



St. William the Abbot RC Church
RITE OF CHRISTIAN INITIATION OF ADULTS

CHILD/TEEN INQUIRER INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: ____/____/____ Age: _____
Place of Birth (Town, City, Country): _____
Current School and Grade Level: _____
Street Address: _____
City, State, Zip Code: _____

PARENT/GUARDIAN INFORMATION

Father's First & Last Name: _____ Religion: _____
Father's Email Address: _____ Telephone Number: _____
Mother's First & Maiden Name: _____ Religion: _____
Mother's Email Address: _____ Telephone Number: _____
If the child/teen lives with one parent/guardian, please indicate who has legal custody: _____
Please indicate if the child/teen also lives with a step-parent: _____
If there is a joint custody arrangement please provide alternate full address:

RELIGIOUS HISTORY

Has the inquirer ever been baptized? _____ In what denomination? _____
Date or approximate age of child when baptized: _____
Place of baptism (name of place and denomination): _____
City and town where baptism took place (if known): _____
If child/teen was baptized as a Catholic, please check the Sacraments received:
 Penance (Confession) Eucharist (First Communion) Confirmation
Has child/teen had any formal religious instruction? _____

Completed forms can be returned to rcia@stwilliam.org or to the Rectory Office.