



OUR LADY QUEEN OF MARTYRS

ROMAN CATHOLIC CHURCH

110-06 QUEENS BOULEVARD

FOREST HILLS NY 11375

Complete form and return to olqmrcia@gmail.com

ADULT FAITH FORMATION INFORMATION FORM

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

Check One: **RCIA** (Rite of Christian Initiation for Adults)

Adult Confirmation

Full Name:

Maiden Name (if applicable):

Date of Birth:

Place of Birth:

(include **locality** (town, city, county), **region** (state, province, territory) and **country**)

Name of Father:

Name of Mother (Maiden):

1. CONTACT INFORMATION

Mailing Address:

Phone (best number to reach you):

Email (best address to reach you):

Occupation:

2. RELIGIOUS HISTORY

1. Your present religious affiliation?

2. Were you ever baptized? Yes No Not sure

If you answered Yes, please provide the following:

(a) In what denomination were you baptized?

(b) Date or age when you were baptized:

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

(d) Place of baptism (name of church or denomination):

(e) Address, if known:

(f) Location (town, city, county; region, state, province; country):

3. If you were baptized as a Catholic, check the sacraments you have already received:

Penance (Confession) Eucharist (Communion) Confirmation

3. CURRENT MARITAL STATUS

Check the appropriate statement(s) below and provide any additional information requested.

1. I have never been married.

2. I am engaged to be married.

(a) Fiancé(e)'s Name:

(b) Fiancé(e)'s Current Religious Affiliation:

(c) For You: This is my first marriage. I have been married before.

(d) For Your Fiancé(e): This is his/her first marriage. He/she has been married.

3. I am married.

(a) Spouse's Name:

(b) Spouse's Current Religious Affiliation:

(c) For You: This is my first marriage. I have been married before.

(d) For Your Spouse: ___ This is his/her first marriage. ___ He/she has been married.

(e) Date of Marriage:

(f) Place of Marriage (Church or Civil):

(g) Location:

(include **locality** (town, city, county), **region** (state, province, territory) and **country**)

(h): Officiating Authority of Marriage:

___ **4. I am married, but separated from my spouse.**

___ **5. I am divorced and I have not remarried.**

___ **6. I am a widow/widower and have not remarried since my spouse's death.**

___ **7. Other (e.g. previous marriage was annulled).**

4. FAMILY INFORMATION

Please list name(s) of any children or other dependents (e.g. Daughter: Ann, Stepson: John):

NAME	RELATIONSHIP	AGE
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5. GENERAL QUESTIONS: RCIA

1. What or who has led you to want to know more about the Catholic Faith?

2. Please describe the types of religious education you received as a child and as an adult.

3. What contact have you had with the Catholic Church, to date?

4. What are some of the questions or concerns you may have about the Catholic Church?

5. At this point in time, which of the following statements best describes your present feelings and thoughts about joining the Catholic Church (*please circle one*):

A. I need much more information about the Catholic Church before I would consider joining.

B. I am considering joining, but am still unsure.

C. I am fairly sure that I would like to join , but I still need some time to study and pray about it.

D. I am fairly sure that I want to join the Catholic Church.

6. GENERAL QUESTIONS: Adult Confirmation

Please provide the reason that you want to receive the Sacrament of Confirmation:

I want to complete my Sacraments of Initiation.

I want to be married in the Catholic Faith.

I want to serve as Godparent to my _____.

I want to Sponsor for Confirmation my _____.

Other: _____.

To complete the form, please sign on next page.

SIGNATURE:

DATE:

Please return your completed form to Our Lady Queen of Martyrs Roman Catholic Church

Email to the RCIA department:
olqmrca@gmail.com

OR

Mailing address:
Our Lady Queen of Martyrs R.C. Church - Attention RCIA
110-06 Queens Boulevard, Forest Hills NY 11375