



CHURCH OF THE SACRED HEART OF JESUS
Chapel Of Our Lady Of Good Health
152 Jalan Peel, 55100 K Lumpur



RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA)
ADULT INQUIRER INFORMATION FORM

Date of Baptism:	Date of 1st Holy Com:	Date of Confirmation:
-------------------------	---	------------------------------

STRICTLY PRIVATE & CONFIDENTIAL

(Please fill in BLOCK letters)

A. PERSONAL PARTICULARS

1. Name of Candidate (as per I/C): Sex:
2. Christian Name: 3. I/C / Passport No:
4. Date of Birth: 5. Place of Birth: 6. Age:
7. Nationality: 8. Occupation:
9. Address:
10. Home Tel No: Mobile No: E-mail:

B. RELIGIOUS STATUS (Tick where applicable)

1. Religion:

<input type="checkbox"/> Catholic	<input type="checkbox"/> Anglican	<input type="checkbox"/> Methodist	<input type="checkbox"/> Lutheran	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Taoist
<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikhism	<input type="checkbox"/> Others (Please specify):			
2. Have you been baptised? Yes No Not sure
 If YES, please state name & address of the Church:
3. If you were Baptised as a Catholic, tick the Sacraments you have received?

<input type="checkbox"/> First Holy Communion	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Reconciliation (Confession)
---	---------------------------------------	--

C. CURRENT MARITAL STATUS

1. Single (Never been married by Civil Registration, Customs, Traditions or in other Religious Ceremony)
2. Separated 3. Dissolution or Annulment granted by the Catholic Church
4. Widowed 5. Divorced (Annulment by Civil Courts)
6. If you are engaged to be married, (please answer Yes or No to a. & b. below)

a) For yourself:	Is this your first marriage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you been married before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) For your fiancé(e):	Is this his/her first marriage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Has he /she been married before ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. CURRENT MARITAL STATUS (continue)

7. If you are currently married, (please answer Yes or No from a. to f. below)

a) For yourself: Is this your first marriage? Yes No

b) For your spouse. Is this his/her first marriage Yes No

c) Name of Spouse: d) Religion:

e) Place of Marriage:

i) Civil Registry*: Date:

ii) Church Wedding (name of Church)**: Date:

* attach Certificate of Marriage from Civil Registration

** attach copy of Baptism Certificate & Marriage Certificate from the Church

D. FAMILY INFORMATION

Father & Mother refers to your parents and Children refers to your own or your stepchildren.

1. Father's Name: Religion:

2. Mother's Name: Religion:

3. Children:

i) Name: Age: Religion:

ii) Name: Age: Religion:

iii) Name: Age: Religion:

E. SPONSOR / GODPARENT'S INFORMATION

1. Full Name: Sex:

2. Address:

3. Home Tel No: Mobile No: E-mail:

4. Are you related to the Sponsor? Yes No

If Yes, how? By Blood: By Marriage:

5. Your Sponsor's home Parish?

Note: Non disclosure or false declaration of information may lead to prohibition of Baptism. It is our desire to help you in your Journey of Faith but certain information is necessary to help us help you

DECLARATION

I hereby declare that the above particulars disclosed above are complete and true that the decision to seek Baptism or Reception into the Catholic Church is of my own free will.

Signature: Name: Date:

Signature: Facilitator: Date:

This form has to be submitted together with a photocopy of:

- Birth Certificate/Passport
- Identification Card
- Baptism Certificate
- Marriage Certificate
- Civil Divorce Papers
- Others (please specify)