



**CHURCH OF THE SACRED HEART OF JESUS**  
**Chapel of Our Lady of Good Health**  
**152, Jalan Peel, 55100 Kuala Lumpur**  
Tel: 03-9284 9973 Email: [sacredheartkl@archkl.org](mailto:sacredheartkl@archkl.org)

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

Date of Baptism:	Date of 1 <sup>st</sup> Holy Com:	Date of Confirmation:
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**STRICTLY PRIVATE & CONFIDENTIAL**

**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. Nationality: ..... 7. Age: ..... 8. Occupation: .....
9. Address: .....
10. Home Tel No: ..... Mobile No: ..... E-mail: .....

**B. RELIGIOUS STATUS (Tick where applicable)**

1. Religion:  
 Catholic  Anglican  Methodist  Lutheran  Buddhist  Taoist  
 Hindu  Sikhism  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?  
 First Holy Communion  Confirmation  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?  Yes  No  
Have you been married before?  Yes  No
  - b) For your fiancé(e): Is this his/her first marriage  Yes  No  
Has he /she been married before ?  Yes  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 & address of Church)\*\*: .....

..... Date: .....

f) Children / Step-children

i) Name: ..... Age: ..... Religion: .....

ii) Name: ..... Age: ..... Religion: .....

iii) Name: ..... Age: ..... Religion: .....

\* attach Certificate of Marriage from Civil Registration

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

**D. PARENTS' INFORMATION**

1. Father's Name: ..... Religion: .....

2. Mother's Name: ..... 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:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Birth Certificate/Passport | <input type="checkbox"/> Identification Card  | <input type="checkbox"/> Baptism Certificate           |
| <input type="checkbox"/> Marriage Certificate       | <input type="checkbox"/> Civil Divorce Papers | <input type="checkbox"/> Others (please specify) ..... |