Archdiocese of Detroit
Rite of Christian Initiation of Adults
Precatechumenate Questionnaire

This form, for use early in the period of evangelization and precatechumenate, is designed to assist the parish minister, priest or deacon in determining the validity of a prior baptism, level of previous religious catechesis and canonical status of current marriage.

Inquirers should be interviewed separately.

Parish ___________________________ City ___________________________
Parish Minister/Priest/Deacon __________ Date __________________________
Name ______________________________ Married Women should also include maiden name
Address ____________________________ Apt. No. ______________________
|____________________________|____________________|____________________|
| Street | City | County | State | Zip |
|____________________________|____________________|____________________|
Date of birth __________________________ Place of birth __________________________
|____________________________|____________________|
| City | State |
|____________________________|____________________|
Home Phone __________________________ Work Phone __________________________
Occupation __________________________ Workplace __________________________
Father's name _______________________ Religion __________________________
Mother's maiden name __________________ Religion __________________________

I. PERSONAL RELIGIOUS HISTORY

Have you ever been baptized, christened, or sprinkled in any religion? ☐ Yes ☐ No
If you were baptized, christened or sprinkled:

Date (Month/Date/Year) __________________________
Name of Church (City/State) __________________________
In what denomination? __________________________
Minister who baptized __________________________
Sponsors at Baptism __________________________

If you were not baptized, how do you know? __________________________
Have you ever been confirmed?  □ Yes  □ No

If you were confirmed:

Date (Month/Date/Year) ___________________________________

Name of Church (City/State) __________________________________

Minister _________________________________________________

Sponsor _________________________________________________

Names of Churches you have attended:

___________________________________________________________________

___________________________________________________________________

Have you ever received Communion?  □ Yes  □ No

Date (Month/Date/Year) ___________________________________

Name of Church (City/State) __________________________________

Describe your religious or Sunday School training:  (Sunday School, Catechism, Catholic School?)

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

What is your present religious affiliation? ________________________________

What Church do you presently attend? ____________________________ City _____________

A certificate of baptism should be obtained from the Church of baptism and an investigation to determine validity of the non-Catholic Baptism is to be made.

Why have you come to 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 out 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?

______________________________________________________________________________

______________________________________________________________________________

What members of this parish do you know?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please give any further information which might be helpful to us:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Do you need transportation?  ☐ YES  ☐ NO

Do you need babysitting?  ☐ YES  ☐ NO

II. MARRIAGE INFORMATION

Present Marital Status:  ☐ Married  ☐ Single  ☐ Engaged  ☐ Separated  ☐ Divorced  ☐ Widowed

Check all that apply.

If Engaged:  Planned date for wedding _________________________________

Have you ever been married in church, civilly or in common law?  ☐ Yes  ☐ No

List marriages, including present Marriage:

Name of Spouse  Place of Marriage

Please include Maiden Name
A. _________________________________
B. _________________________________
C. _________________________________
**Date of Marriage**  
(Month/Day/Year)  
A. __________________________________________________________________________

B. __________________________________________________________________________

C. __________________________________________________________________________

**Date and How Marriage Ended**  
(Death/Divorce/Annulment)  
A. __________________________________________________________________________

B. __________________________________________________________________________

C. __________________________________________________________________________

**Children:**

Name: ___________________________  
Date of Birth: ________________  
Religion: ________________________

Name: ___________________________  
Date of Birth: ________________  
Religion: ________________________

Name: ___________________________  
Date of Birth: ________________  
Religion: ________________________

**CONCERNING YOUR SPOUSE OR FIANCE**

If married or engaged:

Name of Spouse or Fiancé(e): ________________________

Religion: __________________________

Has your spouse or fiancé(e) been previously married?  
☐ Yes  ☐ No

If spouse or fiancé(e) was previously married:

**Name of Spouse:**  
A. ___________________________  
Place of Marriage: __________________________

B. ___________________________  
Place of Marriage: __________________________  
Please include Maiden Name

C. ___________________________

**Date of Marriage**  
(Month/Day/Year)  
A. __________________________________________________________________________

B. __________________________________________________________________________

C. __________________________________________________________________________

**Date and How Marriage Ended**  
(Death/Divorce/Annulment)  
A. __________________________________________________________________________

B. __________________________________________________________________________

C. __________________________________________________________________________