

**RCIA QUESTIONIONNAIRE**

**Your full legal name and maiden name** \_\_\_\_\_

**Your city and state of birth** \_\_\_\_\_

**Your date of birth and age** \_\_\_\_\_

**Your complete address and phone number**

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\_\_\_\_\_

**Father's full name** \_\_\_\_\_

**Mothers full maiden name** \_\_\_\_\_

**Parish and Date of Baptism and Parish Address**

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\_\_\_\_\_  
\_\_\_\_\_

**Parish and Date of First Communion and Parish Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of First Penance** \_\_\_\_\_

**Godparent/Sponsors full legal name/address/phone number**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Confirmation Name** \_\_\_\_\_