



RCIA INITIAL INQUIRY FORM

DATE: _____

PLEASE PRINT CLEARLY and FILL OUT COMPLETELY

Full Name: _____
First Name Middle Name Last Name Maiden Name

Best Email: _____ Best Phone: _____

Do you have any children who will need childcare in our KidZone during your class? ___ Yes ___ No

Names and Ages: _____

ADDITIONAL INFORMATION

So that we may better serve you, please check all that apply:

- I definitely want to become Catholic
- I think I might want to become Catholic
- I am just looking, not sure about becoming Catholic
- I am just curious about what Catholics believe
- I do not want to join, I just want to learn more about the Catholic Church
- My spouse/children are Catholic
- Other: _____

Submit

Your resource at St. Ann is
Kathy Schober, Director of Faith Formation
kathy.schober@stannbartlett.org