

Christ The Redeemer

12745 Oriole Avenue, Grand Terrace CA 92313-6135
 Parish (909) 783-3811 FAX (909) 783-4689 • Religious Education Telephone (909) 783-3800
 Debbie Gamboa, RCIA Coordinator - Debbiegamboa94@gmail.com – (951) 212-7350

RCIA and Inquiry Form for 2020-2021



Please check one: Inquiry Catechumenate Candidate

For Inquiry please provide contact information.

People involved in the RCIA process are either catechumens or candidates. Catechumens are those who have not received a Trinitarian Baptism. Candidates are those who have been baptized in other Christian denominations, whose baptism is recognized as valid.

CONTACT INFORMATION:

DATE <hr/> NAME <hr/> ADDRESS <hr/> CITY <hr/> STATE / ZIP <hr/> E-MAIL (required) <hr/> HOME PHONE () Unlisted <input type="checkbox"/> <hr/> CELL PHONE <hr/> EMERGENCY INFORMATION <hr/> NAME: <hr/> PHONE: <hr/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%;">CANDIDATE (Baptized)</th> <th style="width: 30%;">CATECHUMENATE</th> </tr> </thead> <tbody> <tr><td>LAST NAME</td><td></td><td></td></tr> <tr><td>FIRST NAME</td><td></td><td></td></tr> <tr><td>MIDDLE NAME</td><td></td><td></td></tr> <tr><td>DATE OF BIRTH</td><td></td><td></td></tr> <tr><td>BAPTIZED/DATE</td><td style="background-color: #e0e0e0;"></td><td style="background-color: #e0e0e0;"></td></tr> <tr><td>CHURCH NAME</td><td></td><td></td></tr> <tr><td>CITY & STATE</td><td></td><td></td></tr> <tr><td>1ST COMMUNION DATE</td><td style="background-color: #e0e0e0;"></td><td style="background-color: #e0e0e0;"></td></tr> <tr><td>CHURCH NAME</td><td></td><td></td></tr> <tr><td>CITY & STATE</td><td></td><td></td></tr> <tr><td>CONFIRMED DATE</td><td style="background-color: #e0e0e0;"></td><td style="background-color: #e0e0e0;"></td></tr> <tr><td>CHURCH</td><td></td><td></td></tr> <tr><td>CITY & STATE</td><td></td><td></td></tr> </tbody> </table>		CANDIDATE (Baptized)	CATECHUMENATE	LAST NAME			FIRST NAME			MIDDLE NAME			DATE OF BIRTH			BAPTIZED/DATE			CHURCH NAME			CITY & STATE			1 ST COMMUNION DATE			CHURCH NAME			CITY & STATE			CONFIRMED DATE			CHURCH			CITY & STATE		
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If married, complete the following:

Date of Church Marriage:	
Church Name with City & State:	
Civil Marriage Date, City & State:	

RELIGION		
GENDER	Male / Female	Male / Female
ETHNICITY		

OFFICE USE ONLY:	Interviewed by: _____	Date: _____
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Initial Interview Form

BASIC INFORMATION

Name _____
Address/City/Zip _____
Home/Work/Cell Phone _____
Occupation _____
Date of Birth _____
Mother's (maiden) name _____
Father's name _____

REASON FOR INQUIRING

What/who draws you to the Catholic Church? _____
Have you had some familiarity with this or another Catholic parish? _____
What specific questions or concerns do you have about the Church? _____

RELIGIOUS BACKGROUND

Were you raised in a particular faith practice? _____
How would you describe your relationship to God now? _____
What is your general view of religion and its place in life? _____
Have you been baptized (can you provide documentation)? _____
Were you old enough to remember this? _____
If so, was this baptism done with water (pouring or immersion)? _____
Were you baptized using a Trinitarian formula? _____

MARITAL AND FAMILY STATUS

Are you married or single? _____
If married, was your marriage celebrated in church (which One)? _____
Name of spouse _____
Name of children _____

Have you or your present spouse been married before your present marriage (how many times)? _____

For each former marriage, provide inform on:
Name and baptismal status of former spouse _____
Was this a civil or religious ceremony _____
If this former marriage was initially civil, was it ever "blessed" by the Catholic Church? _____
Was there a civil divorce (where obtained)? _____
For a marriage with a Catholic: Was this union annulled? _____

Question/Concern: _____