



CHURCH OF SAINT JUDE
JALAN LIM KAK, 48000 RAWANG

ADULT INQUIRER INFORMATION FORM

RCIA YEAR: _____

A. PERSONAL PARTICULARS

1. Full name: (as per IC /passport) _____
- Gender: ☐ Male ☐ Female
2. Identity Card / Passport No: _____ 3. Nationality: _____
4. Date of Birth: (DD/MM/YYYY) _____ 5. Age: _____
6. Place of Birth: _____ 7. Occupation: _____
8. Address : _____

- Tel No: _____ Mobile No: _____ Email: _____

B. RELIGIOUS STATUS (please tick where applicable)

9. Religion:
- ☐ No Religion / Free thinker
- ☐ Other Christian denominations _____ (please specify)
- ☐ Buddhist ☐ Taoist ☐ Hindu ☐ Sikhism
- ☐ Others: (please specify) _____
10. Have you ever been baptised ? ☐ NO ☐ YES _____ (Name of Church. Place)
(Please attach certificate of baptism)

C. CURRENT MARITAL STATUS (please tick where applicable)

(Tick the appropriate statement(s) below and provide any information requested beneath each statement)

11. ☐ I have never been married.
(ie. never been married before by civil registration, according to customs, tradition or in other religious ceremony)
12. ☐ I plan to get married.
13. ☐ I am married.
- a) Your spouse's name: _____
- b) Place of marriage:
- i. Civil registry (attach certificate of marriage):

Date: (dd/mm/yyyy) _____
- ii. Church Wedding (Name of Church, place)

Date: (dd/mm/yyyy) _____

D. SPONSOR / GODPARENT'S INFORMATION

14. Name: _____ Gender ☐ Male ☐ Female
15. Home Address: _____
16. Tel No: _____ Mobile No: _____ Email: _____

DOCUMENT SUBMITTED (please photostat one copy of each)

- | | | |
|---|---|--|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Passport / Identification Card | <input type="checkbox"/> Baptism certificate |
| <input type="checkbox"/> Marriage certificate | <input type="checkbox"/> Civil Divorce papers | <input type="checkbox"/> Godparent's Identification Card |
| Other documents (please specify) _____ | | |

DECLARATION

I hereby declare that the particulars disclosed above are complete and true and that the decision to seek baptism or reception into the Catholic Church is of my own free will.

Signature: _____ Name: _____ Date: _____