

## RCIA YOUTH INQUIRER INFORMATION FORM (13-17 YEAR OLD)

Information on this form is held in confidence and is not shared without your permission.

			Today's Da	nte:		
Name of Person comp	leting this form:					
First Name of Youth: .	Mi	ddle:	Last:			
Maiden Name (if applica	ble):					
Date of Birth:				Age		
Place of Birth:(Include	locality: town, city, an	d country)				
Is there a parish that y				l yes □ no		
ii you aliswered yes	prease name the	, par 1311				
]	PARENT/G	UARDIAN I	NFORMATIO	ON		
List below the name(s	) of parent(s)/g	uardian(s) and p	resent religious	affiliation, if any:		
Name:		Relations	ship:			
Religious Affiliation:						
Telephone: (Daytime)	Telephone: (Daytime)(Evening/Weekend)					
Cell/Mobile Phone:				Email		
Name: Relationship:						
Religious Affiliation:						
Full Mailing Address: .						
Suburb:	C	ity:		Post Code:		
Telephone: (Daytime)	(Evening/Weekend)					
Cell/Mobile Phone:	Email:					
• •		=	=	7 □ Other (please explain):		
If you/youth live with						
you/youth also live wi	th a step-parent	: □ Parent	□ Guardian	□ Step-parent		

If there is a joint custody arrangement, please provide alternate full address:								
Suburb:								
If being completed by you/youth, are your parents aware of your interest in the Catholic								
Church?								
RELIGIOUS HISTORY								
Have you/youth ever been baptized? $\square$ Yes $\square$ No $\square$ I am not sure								
If you answered "yes" to the question above, please provide the following information:								
o In what denomination were you/youth baptized?:								
O Date or approximate age when baptism took place?:								
Baptismal name (if different from current name):								
Place of Baptism (name of church/denomination):								
o Address, if known:								
Location, if known:								
If you/youth were baptized as a Catholic, check those sacraments you/youth have received.								
$\square$ Penance (Confession) $\square$ Eucharist (Holy Communion) $\square$ Confirmation								
Have you/youth been married or are currently married?								
$\square$ Never been married $\square$ Is currently married $\square$ Has been married								

## GENERAL QUESTIONS (OPTIONAL)

The following information will assist us in helping to personalize your journey. Please fill in what you are comfortable in sharing.

0	What contact have you/youth had with the Catholic Church to date?					
0	Describe the types of religious education in which you/youth have participated.					
0	What are some of the questions or concerns you/youth have about the Catholic Church?					
0	Summarize below the reason(s) you/youth desire to begin the Christian initiation process.					
0	Do you have friends who are Catholic?					
	LEARNING STYLE					
	ot all people learn in the same way. You can help to guide you in this process as possible by aring about your/youth's learning abilities.					
0	In what ways do you think you/youth enjoy learning?					
	Listen (lecture; storytelling):					
	Socing Cooking at nictures, identifying symbols, watching a video).					
	Seeing (looking at pictures; identifying symbols; watching a video):					
	Reading (At what level does you/youth read? Do you enjoy reading?):					
	• Writing (How are your/youth's writing skills? Do you/youth like to write stories/keep a journal?):					
	Hands on (Do you/youth enjoy doing projects or creating things?):					

• Group Work (Do you/youth	n enjoy working with others o	or prefer to work alone?):				
It will help to know your/youth's strongest attributes and challenges. Please add below any helpful details that you think would be relevant.  For example: "Aaron is very outgoing and gets excited when he is having fun. He becomes quiet when he doesn't understand something. He works well with others. Aaron has a 30% hearing loss in his left ear. He may not hear you if you are standing behind him and speaking normally."						
FAMILY INFORMATION (OPTIONAL)						
List the name(s) of any siblings (e.g. John – brother; Jean – stepsister).						
Relationship:	Name:		Age:			
Relationship:						
Relationship:						
Relationship:						
Relationship:	Name:		Age:			
Date Parish/School Received:	:	By Whom:				
Copy of Baptism Certificate Received:		Candidate:				
Follow-up:						