

2017-2018 St. Leo the Great Catholic Church

RCIA and Adult Sacramental Preparation Inquiry Form



The Journey of Faith

Name as it appears on birth certificate

First _____ Middle _____ Last _____

Date of Birth _____ Age _____ Maiden Name _____

Place of Birth /City _____ State _____ Country _____

Baptismal Information – (Attach Copy) ***If not baptized attach birth certificate**

Date of Baptism _____

Name of Church where you were baptized _____

Address of Church where you were baptized _____

City _____ State _____ Country _____ Zip Code _____

Did you receive 1st Communion? _____ (**Attach Copy)

Have you been Confirmed? _____ (**Attach Copy)

Current Address _____ Apt/Unit # _____

City _____ State _____ Zip Code _____

Home Number _____ Mobile Number _____ email _____

Mothers First Name _____ Mothers Maiden Name _____

Biological Fathers First Name _____ Last Name _____

Please email to Griselda gcisneros@stleocatholicchurch.org or bring to Parish Office (**remember to attach required documents)
Any Questions please call Parish Office 239-992-0901