

# OUR LADY OF THE ANGELS CATHOLIC CHURCH



Fr. Dariusz Strzalkowski, Pastor  
William Thome, Deacon  
Daniel Hurley, Deacon

6442 Pelham Road  
Taylor, Michigan 48180

Phone: 313-381-3000  
Fax: 313-381-5528  
Web: LOACC.ORG

## RCIA Inquiry Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Engaged \_\_\_\_\_ Divorce \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Fiancé (e) \_\_\_\_\_

If married, is this your first marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this spouse's first marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Location of Church: \_\_\_\_\_

\_\_\_\_\_

If divorced, were you married in a Church? What religion? \_\_\_\_\_

\_\_\_\_\_

Were you?

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Denomination: \_\_\_\_\_

Name and Location of Church: \_\_\_\_\_

\_\_\_\_\_

Eucharist: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Denomination: \_\_\_\_\_

Name and Location of Church: \_\_\_\_\_

\_\_\_\_\_

Confirmed: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Denomination: \_\_\_\_\_

Name and Location of Church: \_\_\_\_\_

\_\_\_\_\_

Names and locations of Churches you have attended but which are not listed above:

\_\_\_\_\_

\_\_\_\_\_