

**RCIA INQUIRERS INFORMATION  
SAINT EDNA CATHOLIC CHURCH  
2525 N. ARLINGTON HEIGHTS ROAD  
ARLINGTON HEIGHTS, IL 60004**

Email: [rkhokhar@stedna.org](mailto:rkhokhar@stedna.org) or phone 847-398-3362 Ext. 341

(Provide full legal names, including middle names)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone H: \_\_\_\_\_ Cell: \_\_\_\_\_ Your email \_\_\_\_\_

Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Phone \_\_\_\_\_

God Parent (if to be Baptized) \_\_\_\_\_ Phone \_\_\_\_\_

Your Previous Religious Affiliation \_\_\_\_\_

Previous / current connection to the Catholic Church \_\_\_\_\_

Any involvement at St. Edna Catholic Church \_\_\_\_\_

**Marital Status:** Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ 2<sup>nd</sup> Marriage \_\_\_\_\_

Married in the Church \_\_\_\_\_ Married in the Court \_\_\_\_\_ Previous marriage annulled \_\_\_\_\_

Name of fiancé / spouse \_\_\_\_\_ Phone \_\_\_\_\_

Fiancé / spouse - Catholic or another Faith? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please check which Sacraments you will receive for the first time?**

Baptism: \_\_\_\_\_ Penance / Reconciliation: \_\_\_\_\_ Eucharist: \_\_\_\_\_ Confirmation: \_\_\_\_\_

*Note: Please obtain a copy of your Baptismal Certificate from the Church of your Baptism. Please return this form and the copy of your Certificate to Razia Khokhar. Thanks!*