

St. Justin Martyr Parish

3898 Highway #7 East, Unionville, Ontario L3R 1L3

Tel: 905.479.2463 • Email: stjustinmartyrun@archtoronto.org • Website: www.stjustin.ca

GENERAL INFORMATION FOR THE RCIA INQUIRERS

Name:(Last Name)	(First Name)	(Maiden Name)
Address:		
	Postal Code:	
Phone incl. area code: (home	e) (cell)	
Email:		
Date of birth:	Place of birth:(town)	
Father's full name:		Religion:
Mother's full name:		Religion:
What is your religion now?		
Have you ever been baptized	l in any faith tradition? \Box Yes	□ No
If yes, give date, nam required)	ne and address of church: (A copy	of your baptismal certificate is

MARRIAGE INFORMATION

Have you ever be	een married? \Box Yes \Box No	
Ν	ame of Spouse	
D	ate of Marriage	
Pl	lace of Marriage	
А	ddress of Place of Marriage	
Names of Children (and Age)		
<u>Candidate – Plea</u>	se check the following:	
	I have been married only once	
	I was married before	
I am presently separated		
	I am divorced but not remarried	
	If married, was spouse baptized? What faith?	
	My spouse has been married only once	
	My spouse has been previously married	
	I am widowed	
	I am divorced and remarried	

Sponsor's Name: ____

(Sponsor must be a baptized, confirmed Roman Catholic)