Parish		Date of Ir	nterview:	by	
Personal History					
Child/Teen's full legal r	name				
		First	Middle	Last	
Place of birth			Date of	Birth	Age
Mother's Name					
	First	Middle	Last	(Maiden)	
Father's Name	First	Middle	Last		
Mailing Address					
Parent/Guardian(s) witl					
Name				_ Relationship	
E-Mail:			Preferred	Phone #	
Name				Relationship	
E-Mail:			Preferred	Phone #	
Other significant ad	ult caregiver	(if applicable):			
Name				_ Relationship	
E-Mail:			Preferred	Phone #	
Name of Person(s) with	legal custod	y of child			
Siblings: Name			Age		
Name			Age		
Name			Age		
Nameadd more na	mes/ages on back if	needed	Age		
School Name, City				Grade	
Special Services at Scho					

## Religious History

Was the child ever baptized	d/sprinkled/christened as a Christian?	Yes 1	No Unsure
If yes, where/when?	(Name of Church)	(City)	(State)
	(Denomination)	(Approx. Dat	e) of Baptimal certificate needed
Describe any religious fo	ormation you (child/teen) have received	(formal or inform	al):
What is your (the child's)	) and the family's connection to church	or religion now?	
Ask CHILD/TEEN: What are some of the ac	tivities you enjoy?		
Tell me what you know o	of God.		
Tell me what you know a	about Jesus.		
Do you know any stories	s from the Bible? Tell me about some o	of them.	
What interests you about	t the Catholic Church? What questions o	do you have about	faith?
Do you know anyone wh	no belongs to this parish? Who? How di	id you meet?	
How do you feel about r	possibly being baptized/initiated into the	e Catholic Church	

PARENT/GUARDIAN: How do you feel about your child/teen being baptized/initiated into the Catholic Church?

NOTE: by Canon Law, a child at or above the age of reason (7 or 8) does not require the permission of a parent to be baptized. It is, however, wise

to work with the family in preparing a child for the initiation so as not to cause undue hardship for the child. For a child under the use of reason, the consent of only one parent is needed, even if the other is opposed.
Mother's History
Baptized?Yes No If yes, in what religious tradition Brief religious history and/or experience of the Church:
Father's History
Baptized?Yes No If yes, in what religious tradition Brief religious history and/or experience of the Church:
Marital/Cohabiting Status
Are child's parents currently married to each other?Yes No Unsure
Were they married in the Catholic Church?Yes No Unsure
Have parents been married more than once?Yes No Unsure
Is the parent/guardian with whom the child lives cohabiting?Yes No Unsure
Anything else about the household situation parent/guardian wants parish to know to help support the child through the formation process:

## INTERVIEWER'S NOTES: Who to notify regarding meetings, etc.: need name(s), mailing address, phone #, email: Significant strengths bringing to initiation process: Key interests or questions bringing about faith and or the Church: Any concerns about moving forward:

PASTOR AND PARISH SACRAMENT FORMATION COORDINATOR:
DISCUSS THESE FACTS WITH ONE ANOTHER
AS PART OF DETERMINING APPROPRIATE FORMATION PATH FOR THIS PERSON