



Catholicism 101, 2021 – 2022

Contact Information Form

The Parish of Saints Joachim & Anne

2700 17th Ave E • Shakopee, MN • 952-445-1319 • Fax 952-445-0511

Full Name: _____
(If married, include maiden name.)

Best Phone: _____ Alternate Phone: _____
(Please circle one: home/work/cell) (Please circle one: home/work/cell)

Email Address: _____

Street Address: _____ City and Zip: _____

Date of Birth: _____ Place: _____

Father's Name: _____

Mother's Name (including maiden): _____

Were you raised in a particular faith tradition? Yes No
If yes, name of tradition/denomination: _____

Are you **Baptized**? (circle one) Yes No Unknown

Approximate date of Baptism: _____

Church Name and Denomination: _____ City, State, Zip: _____

We ask for a donation of \$40 to cover the cost of materials for the course. *We welcome your participation in the class regardless of your ability to pay.*

Cash Check

If you are interested in receiving sacraments, please complete the following information and provide a copy of your Baptism Certificate as soon as possible.

Have you received **First Communion in a Catholic Church**? (circle one) Yes No Unknown

If yes, approximate date: _____ Name of Church: _____

City, State, Zip: _____

Have you been **Confirmed in the Catholic Church**? (circle one) Yes No Unknown

If yes, approximate date: _____ Name of Church: _____

City, State, Zip: _____

Please fill out the other side of this sheet!

Marital Status:

If presently married, have you ever been married to another person, either in the Catholic Church, another denomination, civilly, or by common law?

(circle one) Yes No
(If yes, please fill out Part A, below)

Has your spouse ever been married (prior to your present marriage) to another person, either in the Catholic Church, another denomination, civilly, or by common law?

(circle one) Yes No
(If yes, please fill out Part B, below)

Part A: Previous Marriage of Inquirer

How many times have you been married? _____

Name of Former Spouse: _____

Date of Marriage: _____ Date of Divorce: _____

Location of Marriage: _____ Was spouse Catholic? Yes No

If your marriage was declared null by the Catholic Church:

Date of Annulment: _____ Diocese: _____

Case/Protocol Number: _____

If Former Spouse is deceased, date of death: _____

Do you have a copy of the death certificate? Yes No

Please use an additional sheet of paper to provide information on any other prior marriages.

Part B: Previous Marriage of Present Spouse

How many times has she/he been married? _____

Date of Marriage: _____ Date of Divorce: _____

Location of Marriage: _____ Was spouse Catholic? Yes No

If your spouse's marriage was declared null by the Catholic Church:

Date of Annulment: _____ Diocese: _____

Case/Protocol Number: _____

If Former Spouse is deceased, date of death: _____

Do you have a copy of the death certificate? Yes No

Please use an additional sheet of paper to provide information on any additional prior marriages.

Additional Comments or Questions: _____
