



St. Elizabeth of Hungary Region
Secular Franciscan Order Visitor Information Sheet

(This information to be obtained through dialogue and not “filled out” by the interested person)

Name: _____

Address: _____

Phone: _____ **E-Mail:** _____

Name of Parish: _____

Family Information

Are you married? _____

Spouse's Name _____

Names and ages of children _____

If married; are you married in the eyes of the church? _____

If divorced and remarried do you have a copy of your Degree of Nullity? _____

Religious Formation

Are you a practicing Catholic? _____

Do you fully support the teachings of the Roman Catholic Church? _____

How have you obtained a foundation in the Catholic religion? (Check all that apply)

- Catholic schools _____
- CCD Classes _____
- RCIA _____
- Parish study classes _____
- Religious studies and seminars _____

Sacramental Information

Where were you Baptized? _____

Have you been Confirmed, where? _____

How frequently do you go to Mass? _____

How frequently do you receive the sacrament of Penance? _____