



# Holy Trinity Sacramental Preparation Rite of Christian Initiation of Adults (RCIA) Inquiry Form

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (City/State/Country): \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

## Baptismal Status:

Are you baptized?  Yes  No

If Yes...

... Date of baptism: \_\_\_\_\_

... Denomination: \_\_\_\_\_

... Name and location of church: \_\_\_\_\_

... Baptism Sponsor(s)/Godparent(s): \_\_\_\_\_

...  Copy of Baptism Certificate submitted to Holy Trinity

## Marital Status:

Are you married?  Yes  No

If Yes... name and denomination of spouse: \_\_\_\_\_

... is this your first marriage? \_\_\_\_\_

If No... have you ever been married? \_\_\_\_\_

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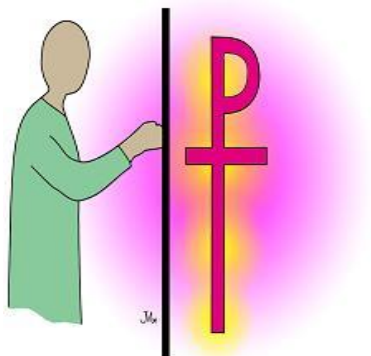
FOR OFFICE USE ONLY		Date Processed:		
Baptism Certificate	<input type="checkbox"/> √ By:	CMS	<input type="checkbox"/> √ By:	
Logos	<input type="checkbox"/> √ By:	Sacramental Registration Bk	<input type="checkbox"/> √ By:	

**Describe your religious education background:**

**What or who has prompted your interest in Catholicism?**

**Do you have someone you would like ask to be your sponsor?**

**Have you been participating in the life of a Catholic parish? If so, which one?**



**Return form to:**

Anne Koester

Email: [akoester@trinity.org](mailto:akoester@trinity.org)

Fax: 202.337.9048

Holy Trinity Catholic Church

Attn: RCIA

3513 N St NW

Washington DC 20007