



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

Name: _____ Primary Phone: _____

Address: _____
_____ 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): _____

... Please submit a copy of your Baptism Certificate to Anne Koester (akoester@trinity.org)

Marital Status:

Are you married? Yes No

If Yes... Name of spouse: _____

Spouse's religious tradition: _____

Is this your only marriage? _____

If this is not your only marriage, how did your previous marriage(s) end (e.g., death of spouse, divorce, dissolution)?

If No... Have you ever been married? _____
If you have been married, how did the marriage end? (e.g., death of spouse, divorce, dissolution)

Are you engaged to be married? Yes No

If Yes...Name of your future spouse: _____

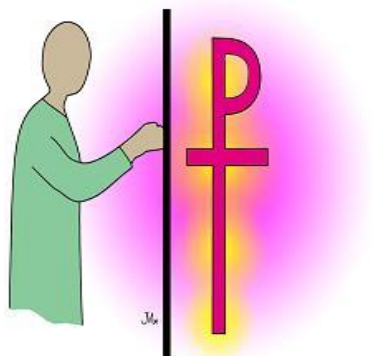
Religious tradition of your future spouse: _____

Date set for the marriage ceremony: _____

Planned location (specific church or other venue) for the marriage ceremony:

Describe your faith formation or religious education background:

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



Return form to:

Anne Koester

Email: akoester@trinity.org

Fax: 202.337.9048

Holy Trinity Catholic Church

Attn: RCIA

3513 N St NW

Washington DC 20007