

## Holy Trinity Catholic Church

2818 E. Bennett St.  
Springfield, MO 65804  
417-883-3440

## Diocese of Springfield-Cape Girardeau CHRISTIAN INITIATION OF ADULTS

*Initial interview of those interested in entering  
the Catholic Church*

Date: \_\_\_\_\_

### I. Personal Information

Name: \_\_\_\_\_  
(last) (first) (middle) (suffix)

Address: \_\_\_\_\_  
(street) (city/state) (zip code)

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_  
(home number) (work number) (cell number)

Place of Employment: \_\_\_\_\_

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

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

Mother's Maiden Name: \_\_\_\_\_  
(first, last maiden name)

What Church did you formerly attend? \_\_\_\_\_

Do you belong to any secret societies such as the Masons? \_\_\_\_\_

### II. Baptismal Information

Have you ever been baptized in any Church? \_\_\_\_ Yes \_\_\_\_ No

If Yes,

Date at time of Non-Catholic Baptism \_\_\_\_\_ Age at time of Baptism \_\_\_\_\_

Church of Non-Catholic Baptism \_\_\_\_\_  
(official and complete name)

City and State of Non-Catholic Baptism \_\_\_\_\_

Name of Baptismal Sponsor(s): \_\_\_\_\_

IMPORTANT: Can you get a Certificate of Your Baptism? \_\_\_\_ Yes \_\_\_\_ No

**IF POSSIBLE PLEASE GET A COPY OF YOUR BAPTISMAL CERTIFICATE**

### III. Marriage Information

Are you married? \_\_\_\_ Yes \_\_\_\_ No

If Yes,

Date of Marriage: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Is this your first marriage? \_\_\_\_ Yes \_\_\_\_ No

If No, you are not married:

Are you widowed? \_\_\_\_ Yes \_\_\_\_ No

Have you been divorced? \_\_\_\_ Yes \_\_\_\_ No If Yes, how many times have you been married? \_\_\_\_

(over)

### **III. Marriage Information** (continued)

**If currently married:**

**Present spouse's name:** \_\_\_\_\_

**Is this your spouse's first marriage?**    ☐ Yes    ☐ No

**If No,**

**Is your spouse widowed?**    ☐ Yes    ☐ No

**Has your spouse been divorced?**   ☐ Yes   ☐ No

**If Yes, how many times has your spouse been married?** \_\_\_\_\_

**Spouse's religion:** \_\_\_\_\_

**If spouse is Catholic, were you married within the Catholic Church or with the approval of the Catholic Church?**   ☐ Yes    ☐ No

**If not currently married:**

**Are you presently engaged or do you expect to marry in the future?**   ☐ Yes    ☐ No

**If presently engaged:**

**Fiancé's/Fiancée's Name:** \_\_\_\_\_

**Has your fiancé/fiancée been married before?**   ☐ Yes    ☐ No

**If Yes,**

**How many times has your fiancé/fiancée been married?** \_\_\_\_\_

**Has your fiancé/fiancée been divorced?**    ☐ Yes    ☐ No

**If Yes, how many times?** \_\_\_\_\_

### **IV. General Information**

**Do you have children?**    ☐ Yes    ☐ No

**If Yes,**

**What are their names and ages?** \_\_\_\_\_

\_\_\_\_\_  
**Are they Baptized?**    ☐ Yes    ☐ No

**If Yes, in what church(es)?** \_\_\_\_\_

**Who are some other Catholics you know?** \_\_\_\_\_

\_\_\_\_\_  
**Who influenced you in inquiring about the Catholic Church?** \_\_\_\_\_

\_\_\_\_\_  
**Why are you interested in becoming a member of the Catholic community?** \_\_\_\_\_

\_\_\_\_\_  
**Can you make a commitment to be here every Monday night during the RCIA process?**   ☐   **Signed:** \_\_\_\_\_

**Are you willing and able to observe the Sunday obligation of Keeping Holy the Lord's Day by participating at Sunday and Holy Days of Obligation Masses?**   ☐

**Signed:** \_\_\_\_\_

**SPONSOR'S NAME:** \_\_\_\_\_

**SPONSOR'S ADDRESS:** \_\_\_\_\_

**SPONSOR'S PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_**