



Holy Trinity Parish

5919 Kalaniana'ole Hwy., Kuliouou, HI

Ministry Inventory

Please print all information

Required Fields

First name _____ **Full middle name** _____

[**Maiden last name** _____] **Last name** _____

Ministry you are applying for: _____

Address _____

Email address _____

Home phone _____

Cell phone _____

Work phone _____

Occupation/employer _____

Your children (names/ages of those living at home) _____

Your date of birth _____

City/state/country of birth _____

Are you baptized? _____ * If yes . . .

Name of church _____ **Denomination** _____

City/state/country _____

Date of baptism _____ **Officiant** _____

If you were baptized Catholic ...

Have you received first Holy Communion? _____ * First penance? _____ *

Where and when? _____

Have you been Confirmed? _____ * Where and when? _____

*** If No, Please see Father or Deacon**

Are you married? _____

If you are married . . .

(Maiden) name of spouse _____

Spouse's religion _____

Date of marriage _____ Officiant _____

Name of place of marriage _____

City/state _____

Prior to this marriage, have you ever been married to another person? _____ *

Prior to this marriage, has your spouse ever been married to another person? _____ *

If you are not married . . .

Have you ever been married before either in a church or civilly? _____ *

Are you engaged? _____ If yes . . .

Name of fiancé(e) _____

Has your fiancé(e) ever been married before either in a church or civilly? _____ *

*** If yes, Please see Father or Deacon**

Your signature _____ Date _____

Parent/guardian signature _____ Date _____
(If under 18 years of age)