St. Anthony the Abbot Catholic Church
20428 Cortez Boulevard, Brooksville, FL 34601
352-796-2096

Order of Christian Initiation of Adults
OCIA
Application Form

OCIA Process is intended for:

1) **Unbaptized adults;**
2) **Baptized adults in another Christian denomination; and**
3) **Baptized Catholic adults who have not yet completed the Sacraments of Initiation (First Holy Communion and/or Confirmation.)**

Information on this form is held in confidence and is not shared without your permission.

Sacrament/s that I need to receive:

( ) BAPTISM ( ) FIRST HOLY COMMUNION ( ) CONFIRMATION
(Provide a birth certificate copy)

If you were baptized as a Catholic, check those sacraments you have already received and **provide a copy of the certificate(s)**:

( ) BAPTISM ( ) EUCHARIST (FIRST COMMUNION) ( ) CONFIRMATION

Name of Parish where sacraments were received: _____
City/State: _____

I. GENERAL INFORMATION

Name: First: _____ Middle: _____ Last: _____

Maiden Name (if applicable): _____

Date of Birth: _____ Age: _____

Place of Birth (City/State): _____

Full Name of Father: _____

Full Name of Mother (include Maiden Name): _____

Full Mailing Address: _____

Phone: (Daytime): _____ (Evening/Weekend) _____

Cell Phone: _____ Occupation: _____

Email Address (Personal): _____ (Other): _____

II. RELIGIOUS HISTORY
(Answer the following questions if you are not baptized as a Catholic.

1. What, if any, is your present religious affiliation? _____
2. Have you ever been baptized? ( ) YES ( ) NO ( ) I am not sure

If you answered "Yes" to question number 2, please provide the following information and a copy of the certificate:

a) In what denomination were you baptized? _____
b) Date of your approximate age when you were baptized: _____
c) Baptismal name (If different from your current name): _____
d) Place of baptism (Name of Church/Denomination, City/State): _____
_____

III. CURRENT MARITAL STATUS

Check the appropriate statement(s) below and provide any information requested beneath each statement:

1. ( ) I have never been married.
2. ( ) I am married.

a) Your spouse's name: _____
b) Your spouse's current religious affiliation (if any): _____
c) **For you** ( ) This is my first marriage. ( ) I have been married before.
d) **For your spouse** ( ) This is my spouse's first marriage. ( ) My spouse had been married before.
e) Date of marriage: _____ Place of marriage(City/State): _____
_____
f) Officiating authority of marriage: _____
(Civil government, non-Christian minister, Christian Minister, Catholic Cleric)

3. ( ) I am married but separated from my spouse.
4. ( ) I am divorced. ( ) I am divorced and I have not remarried.
5. ( ) I am a widow (widower). ( ) I have not remarried since my spouse's death.
6. ( ) Are you living with a significant other? ( ) YES ( ) NO
7. ( ) Do you have a child or children with this person? ( ) YES ( ) NO

IV. FAMILY INFORMATION

List any names/ages of children or other dependents

_____ _____
_____ _____
_____ _____