

**OCIA INQUIRERS INFORMATION
SAINT EDNA CATHOLIC CHURCH
2525 N. ARLINGTON HEIGHTS ROAD
ARLINGTON HEIGHTS, IL 60004**

Email: rkhokhar@stedna.org or phone 847-398-3362 Ext. 341

(Provide full legal names, including middle names)

Download & complete this PDF fillable form.

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone H: _____ Cell: _____ Your email _____

Occupation _____ Work # _____

Date of Birth _____ Place of Birth _____

Date of Baptism _____ Church of Baptism _____

Church Address _____ City _____ State _____ Zip _____

Father's full name _____

Mother's full name _____ Mother's Maiden Name _____

Sponsor's full Name _____ Phone _____

God Parent full name (if to be Baptized) _____ Phone _____

Your Previous Religious Affiliation _____

Previous / current connection to the Catholic Church _____

Any involvement at St. Edna Catholic Church _____

Marital Status: Single _____ Married _____ Divorced _____ Remarried _____ 2nd Marriage _____

Married in the Church _____ Married in the Court _____ Previous marriage annulled _____

Name of fiancé / spouse _____ Phone _____

Fiancé / spouse - faith: Catholic or another? _____

Signature _____ Date _____

Please check which Sacraments you will receive for the first time?

Baptism: _____ Penance / Reconciliation: _____ Eucharist: _____ Confirmation: _____

*Note: **Download this form** & fill it out. **Save a copy** on your PC. Email the saved copy to Razia.*

Please obtain a copy of your Baptismal Certificate from the Church of your Baptism. Please return a copy of your Baptism Certificate to Razia Khokhar.