



**OCIA**  
Order of Christian Initiation of Adults

## OCIA Inquirer Parent Interview

Information on the form is held in confidence and is not shared without your permission. *CIC 852.1 The prescripts of the canons on adult baptism are to be applied to all who, no longer infants, have attained the use of reason. CIC 11 Merely ecclesiastical laws bind those who have been baptized in the Catholic Church or received into it, possess the efficient use of reason, and, unless the law expressly provides otherwise, have completed seven years of age.*

### OFFICE USE:

Date: \_\_\_\_\_ Candidate for: Full Initiation    Full Communion    Completing Full Initiation

Sponsor: \_\_\_\_\_ Parish: \_\_\_\_\_

### PART I General Information

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
(Cell or Home)

Name of School: \_\_\_\_\_ Grade level: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address, if different than child/teen: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address, if different than child/teen: \_\_\_\_\_ Cell: \_\_\_\_\_

Has the child/teen ever been baptized?    Yes    No

If "yes", how old were they? \_\_\_\_\_ What Religion? \_\_\_\_\_

Name and Address of Church: \_\_\_\_\_

Name of person who conferred Baptism: \_\_\_\_\_

If Catholic, did they receive First Communion?    Yes    No

If "yes", Name and Address of Church: \_\_\_\_\_

Have they ever received Confirmation?    Yes    No

If "yes", Name and Address of Church: \_\_\_\_\_

Has the child/teen ever been married?    Yes    No

If yes, are they currently married?    Yes    No

List the name(s) of any children or other dependents (e.g.) John—brother; Jean—step-sister.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

## PART II Learning Style & General Questions about the Child/Teen

*Not all people learn in the same way. You can help your child/teen get as much as possible out of this process by sharing about your child's learning abilities.*

### **In what ways do you think your child/ teen enjoys learning?**

Listening (*Lecture; Storytelling*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Seeing (*Looking at pictures; Identifying symbols; Watching a video*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reading (*At what grade level does your child/ teen read? Does your child enjoy reading?*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Writing (*At what level is your child/teen's writing skills? Does your child/teen write stories/ keep a journal?*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hands On (*Does your child/ teen enjoy doing projects or making crafts?*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**It will help to know your child's/teen's strongest attributes and challenges. Please add below any helpful details that you think would be relevant.**

*For example: "Mary is very outgoing and gets excited when she is having fun. She becomes quiet when she doesn't understand something. She works well with other children. Mary also has a 30% hearing loss in her left ear. She may not hear you if you are standing behind her and speaking normally."* \_\_\_\_\_

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1. Please describe the types of religious education in which your child/ teen has participated. \_\_\_\_\_

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2. What contact has your child/teen had with the Catholic Church to date? \_\_\_\_\_

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3. What are some of the questions or concerns your child/teen has about the Catholic Church? \_\_\_\_\_

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4. Please summarize below the reason(s) your child/teen desires to begin the Christian initiation process. \_\_\_\_\_

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