

OCIA GENERAL INFORMATION FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK _____ CELL _____

EMAIL _____

BEST TO GET IN TOUCH WITH YOU? TEXT _____ EMAIL _____ CALL _____

DATE OF BIRTH _____ CITY _____ ST _____

FATHER'S NAME _____

MOTHER'S NAME (MAIDEN) _____

RELIGIOUS DENOMINATION _____

ARE YOU BAPTIZED? YES _____ NO _____

IF YES, IN WHAT CHURCH? _____
City _____ ST _____

DATE OF BAPTISM _____

ARE YOU MARRIED? _____ ENGAGED? _____ SINGLE? _____ WIDOWED? _____
DIVORCED? _____ IF DIVORCED, ARE YOU REMARRIED? _____

NAME OF SPOUSE _____

Were you married in a church? Yes _____ No _____

Name of Church _____
City _____ ST _____

Is this your first marriage? _____ Is this your spouse's first marriage? _____

If married to a Catholic, were you married by a Catholic priest? _____
Or with permission to marry in another church? _____

Why are you interested in the Catholic Church at this time?

- ___ I have questions to ask of the Catholic Church
- ___ I am just looking to see what the Catholic Church has to offer.
- ___ I want to become a Catholic.
- ___ I am thinking about becoming a Catholic.

Are you familiar with the Catholic Church? _____

Do you know any members of this parish? _____

If yes, please list their name(s). _____
