OCIA GENERAL INFORMATION FORM

DATE _____

NAME_____

ADDRESS_____

CITY_____**STATE**_____**ZIP**_____

HOME PHONE_____**WORK**_____**CELL**_____

E-MAIL_____

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). _____
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