

OCIA Registration Form
The Parishes of St. Cecilia's and Mary Immaculate

Name _____ Birth date _____

Home/Cell Number _____ Work Number _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

Please answer the following questions to the best of your ability. If you are unsure about an answer, simply write "unsure" in the blank for now and we can figure it out later.

Have you been baptized? (Yes / No) If yes, at what Church? _____

City _____ State _____ Date of Baptism _____

If you were raised Catholic, have you received your First Communion? (Yes / No)

Are you married? (Yes / No) If yes, where was the ceremony? _____

City _____ State _____ Date of Marriage _____

Were you ever previously married? (Yes / No) If yes, where? _____

City _____ State _____ Date of Marriage _____

Is your spouse Catholic? (Yes / No) Has your spouse been previously married? (Yes / No)

If yes, where? _____ Date of Marriage _____