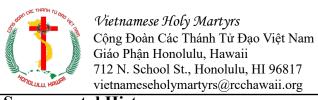


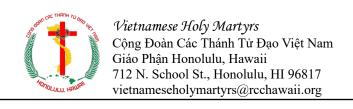
## OCIA (Order of Christian Initiation of Adults) Inventory Application Form

## **Personal Information** Full Legal Name: \_\_\_\_ Preferred Name: Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth (City/State/Country): **Gender:** □ Male □ Female Address: City: \_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: Email Address: \_\_\_\_\_ **Family Information** Father's Full Name: \_\_\_\_ Mother's Full Name (include maiden name): Marital Status (check one): ☐ Single ☐ Engaged ☐ Married (Catholic / Civil / Other – circle one) ☐ Separated ☐ Divorced ☐ Widowed If married: Spouse's Full Name: Spouse's Religion: • Date & Place of Marriage:



## **Sacramental History**

| Please check the  | sacraments you have all   | ready received (if any):   |                       |  |
|---|---|----------------------------|-----------------------|--|
| ☐ Baptism   |   |                            |                       |  |
| • If yes: De  | enomination:  | Date:                      | Place:                |  |
| ☐ Confirmation  | ☐ Eucharist (First Com  | munion)   Reconciliation   | on (Confession)       |  |
| ☐ Anointing of t  | the Sick □ Matrimony □  | ☐ Holy Orders              |                       |  |
| Religious Bacl  | kground   |                            |                       |  |
| <ul><li>If yes, wh</li><li>Have you</li><li>If yes, wh</li><li>Do you h</li></ul> | nich denomination? regularly attended a chanich church and how lonave Catholic family mer |                            | ] Yes □ No            |  |
| Pastoral Need   | s & Parish Life   |                            |                       |  |
| • Are there   | particular questions abo  | out the Catholic faith you | would like addressed? |  |
| • Do you h  | ave any special needs or  | r circumstances we shoul   | d be aware of?        |  |
| Sponsor Infor   | mation  |                            |                       |  |
| Do you already  | have a sponsor (godpa   | rent/mentor) in mind?      |                       |  |
| □ Yes □ No  |   |                            |                       |  |
| If yes, Name:   |   |                            |                       |  |
| Phone/Email:  |   |                            |                       |  |



## **Signature**

| I, the undersigned, seek to begin/continue my journey in Initiation of Adults. I affirm that the information provide |       |
|--|-------|
| Signature of Applicant:  | Date: |
| Signature of OCIA Coordinator/Priest/Deacon:   | Date: |