



Vietnamese Holy Martyrs
Cộng Đoàn Các Thánh Tử Đạo Việt Nam
Giáo Phận Honolulu, Hawaii
712 N. School St., Honolulu, HI 96817
vietnameseholy martyrs@rcchawaii.org

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: _____



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Sacramental History

Please check the sacraments you have already received (if any):

☐ Baptism

• If yes: Denomination: _____ Date: _____ Place: _____

☐ Confirmation ☐ Eucharist (First Communion) ☐ Reconciliation (Confession)

☐ Anointing of the Sick ☐ Matrimony ☐ Holy Orders

Religious Background

- Were you baptized in another Christian faith tradition? ☐ Yes ☐ No
- If yes, which denomination? _____
- Have you regularly attended a church? ☐ Yes ☐ No
- If yes, which church and how long? _____
- Do you have Catholic family members or close friends? ☐ Yes ☐ No
- What has drawn you to seek the Catholic Church at this time?

Pastoral Needs & Parish Life

- Are there particular questions about the Catholic faith you would like addressed?

- Do you have any special needs or circumstances we should be aware of?

Sponsor Information

Do you already have a sponsor (godparent/mentor) in mind?

☐ Yes ☐ No

If yes, Name: _____

Phone/Email: _____



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Signature

I, the undersigned, seek to begin/continue my journey in the Catholic faith through the Order of Christian Initiation of Adults. I affirm that the information provided above is true to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____

Signature of OCIA Coordinator/Priest/Deacon: _____ **Date:** _____