



ARCHDIOCESE OF ST LOUIS OCIA FORM

Parish Name _____

Name: _____
Last First Middle

Maiden Name (if applicable): _____ Male or Female: _____

Date of birth: _____ Place of birth: City: _____ State: _____

Father's Name: _____
Last First Middle

Mother's Name: _____
Last First Middle Maiden

CONTACT INFORMATION

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Parishioner: ☐ Yes ☐ No Parish Name and City: _____

RELIGIOUS HISTORY

Have you ever been baptized? ☐ Yes ☐ No

If you answered "yes" please provide the following Information

(a) In what denomination were you baptized? _____

(b) Date or your approximate age when you were baptized: _____

(c) Baptismal name (if different from current name): _____

(d) Place of Baptism (name of church/denomination): _____

(e) Address, if known: _____

(f) If you were baptized in a Catholic Church, what sacraments have you already received?

☐ Reconciliation/Penance ☐ Eucharist (First Communion) ☐ Confirmation

MARITAL STATUS

- ☐ Never Married ☐ Engaged ☐ Married ☐ Married, but separated
☐ Divorced, not remarried ☐ Widowed, not remarried

IF ENGAGED

Is this your first marriage? ☐ Yes ☐ No

If no: Annulment started? ☐ Yes ☐ No Annulment granted? ☐ Yes ☐ No

Is this your fiancé's first marriage? Yes ☐ No

If no: Annulment started? ☐ Yes ☐ No Annulment granted? ☐ Yes ☐ No

Fiancé's Name: _____
Last First Middle

Fiancé's current religious affiliation (if any): _____

IF MARRIED

Spouse's Last Name: _____
Last First Middle

Maiden Name (if applicable): _____ Religion: _____

Date of Marriage: _____ Place of marriage: _____

Officiant: ☐ Civil ☐ Christian Minister ☐ Non-Christian minister ☐ Catholic minister

Denomination (If Non-Catholic minister): _____

Location of ceremony: _____

Is this your first marriage? ☐ Yes ☐ No If no, is previous spouse alive? ☐ Yes ☐ No

If no: Annulment started? ☐ Yes ☐ No Annulment granted? ☐ Yes ☐ No

Has your spouse had a previous marriage? ☐ Yes ☐ No

FAMILY INFORMATION

List the name(s) of any children or other dependents (e.g., Daughter – Jane, Stepson-John)

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

Relationship: _____ Name: _____ Age: _____

GENERAL QUESTIONS

What or who has led you to want to know more about the Catholic Faith?

Please describe the types of religious education you have received, as a child and as an adult?

What contact have you had with the Catholic Church to date?

What are some questions or concerns you have about the Catholic Church?

At this point in time. Which of the following statements best describes your present feelings and thoughts about the possibility of joining the Catholic Church? Please select one.

- ☐ I need much information about the Catholic Church before I would consider joining.
- ☐ I am considering joining, but I am still not sure at this time
- ☐ I am fairly sure that I would like to join, but I still need some time to study and pray about it.
- ☐ I am fairly sure that I want to join the Catholic Church.

OCIA PARTICIPANT INFORMATION FOR SACRAMENTAL REGISTER

Baptism or Profession of Faith Sponsor(s)

1. _____ 2. _____

Confirmation Name: _____ Sponsor: _____

Sacrament Received: ☐ Baptism or ☐ Profession of Faith,

Additional Sacraments Received: ☐ Eucharist ☐ Confirmation

OCIA Participant: ☐ Yes ☐ No

Signature: _____

OFFICE USE ONLY

Date received sacraments: _____

Minister of Sacraments: _____

Minister Signature: _____

Registers recorded date: _____ Registers recorded by: _____

PHOL recorded date: _____ PHOL recorded by: _____

Servant Keeper recorded date: _____ Servant Keeper recorded by: _____