

# OCIA APPLICATION

CATECHUMENS (Not Baptized) and/or CANDIDATES (Not Confirmed)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (Circle) Female / Male

Place of Birth: \_\_\_\_\_  
(City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Email Address: \_\_\_\_\_

Home Number: ( )-( - ) Cell Number: ( )-( - )

Are you now attending, or have in the past, attended another church? (Circle) Yes / No

If Yes, what church are you now attending or did attend? \_\_\_\_\_

Are you Baptized? (Circle) Yes / No. If Yes, Date of your Baptism? \_\_\_\_\_

Church in which you were Baptized: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Denomination \_\_\_\_\_

Did you receive First Communion? Yes / No

If Yes, Church of your First Communion: \_\_\_\_\_ Date: \_\_\_\_\_

Did you receive Confirmation? Yes / No

If Yes, Church where you were Confirmed? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Date: \_\_\_\_\_

If single are you divorced? Yes / No

If married answer the following: Were you married in the Catholic Church? Yes / No

Is your Spouse Catholic? Yes / No

Church in which you were married? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Date: \_\_\_\_\_

Is this your first marriage? Yes / No. If No, is your former spouse(s) still living? Yes / No

Is this your spouse's first marriage? Yes / No. If No, is your spouse's former spouse(s) still living? Yes / No.