Adult- OCIA Inquiry

Date: _____

Name: _____ *(Maiden)*: _____

Address: _____City:_____ Zip: _____

E-mail: _____ Phone: _____

Place of Birth: _____ Date of Birth: _____

Father's Name: _____ Mother's 1st & Maiden Name: _____

Parent info (if minor): email _____ phone: _____

Sacraments

Religion of Baptism: _____ Date of Baptism: _____ ☐ **NONE**

☐ *Baptismal Certificate or other proof of baptism received*

Name of Church: _____ Address: _____

Present Religion: _____ City & State: _____

How much Catholic formation have you already received?

_____

_____

_____

If baptized Catholic, other Sacraments already received are:

☐ Eucharist ☐ Reconciliation ☐ Confirmation ☐ Matrimony

Family

Marital Status *(choose all that apply)*

☐ Single ☐ Divorced ☐ Widowed ☐ Married-Civil ☐ Married-Religion (which faith tradition):

Spouse/Fiance Name: _____ Religion: _____

Sacraments received: _____

Children: (Name – Age – Sacraments received)

General Questions

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

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

3. Describe the types of religious education you have received, as a child and adult.

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