

		Date					
	OCIA En	rollment	Form				
Full Name		Maiden Name:					
City/State/Zip							
Cell Phone							
E-mail							
Date of Birth	City	/State of	Birth				
Occupation							
Please Check ONE:							
I have never been	married						
I am engaged to be		1st time					
I am currently man							
I am presently sep			age				
I am divorced but				ge? Yes	No		
I am married and t							
Other:	-	-					
If presently engaged of	r married:						
Name of Spouse:		0	or Fiancé				
Is this your spouse's or	fiancé's first ma	rriage?	Yes	No			
If no, please elaborate							
Date and Location of M	larriage / Was it	a Catholi	c ceremony?	Yes	No		
If previously married:	Date, Name and	l Locatior	n of Marriage				
Children: Do you have	e children?	_Yes	No	If yes:			
Name(s)	Age(s)	Date	e(s) of Birth:	Are the	y Baptized?		

Baptism: Have you							
Date of Baptism							
Name and City/State	of Church	of Baptism _					
If you were baptized	Catholic, c	lid you receiv	e First Com	munion? _	Yes No		
Father's Full Name:					Religion		
Mother's Full Maiden Name:				Religio	Religion		
Why have you come I definitely wan I think I might y I don't want to I'm Catholic an	t to becom want to bec join, but ju	e Catholic come Catholic ist want to kno			eve		
Describe your religio	us training	and education	n				
What or who prompte	ed you to c	come for instru	uctions at th	is time? _			
What members (if an	y) of this p	oarish do you l	know alread	ły?			
Sponsor Information:	Name: _						
	Email:						
	Phone:						
	Parish they are registered:						
	Relationship to Inquirer:						
	Have they been Baptized and Confirmed?						
Pastoral Team Only: Catechumen		Candidate			Confirmand		
Inquirer Registered in	n Parish?:	Yes	_ No				