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

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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 SACREMENTAL 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:_____