

Order of Initiation for Adults (OCIA)

Inquiry Form for Office use updated August 2024

(Confidentiality will be upheld at all times)

Name: _____ (Maiden Name if applicable): _____ Home Phone: _____

Home Address: _____ E-Mail: _____ Cell Phone: _____

Date of Birth: _____ Place of Birth: (city and state) _____ Baptized (yes/no) _____ If YES:

Church and Date of Baptism: _____ Location: _____

Father's Name: _____ Religious Affiliation, if any: _____

Mother's First & Maiden Name: _____ Religious Affiliation, if any: _____

Please check (✓) all that apply to your circumstance:

- | | | |
|----------------------------------|--|--|
| _____ I am single | _____ I am divorced | _____ I was married in a church other than a Catholic Church |
| _____ I am engaged to be married | _____ I am divorced and remarried | _____ I was married in a civil service |
| _____ I am currently married | _____ I was married in the Catholic Church | _____ I have an annulment |
| _____ I am a widow | _____ I have been widowed and have remarried | _____ Total number of marriag |

Do you have children? If yes, will they be joining you in the process? _____

Spouse's Name (Maiden name) if applicable: _____

Religious Affiliation, if any _____

Baptized(yes/no): _____

Has your spouse ever been married before?(yes/no) _____ If YES:

Civil _____

Church _____

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OCIA Sponsor: _____ Contact Info: _____

Baptism Certificate on file _____

Convalidation needed: _____ Annulment needed: _____ Paperwork started: _____ Annulment granted (date): _____ Convalidation (date): _____

Rite of Acceptance/Welcome (date) _____ Rite of Election (date) _____ Reconciliation offered _____