



OCIA Adult Inquirer Information Form

Information on this form is held in confidence and is not shared without your permission.

We delight in your decision to consider becoming Catholic through the OCIA process here at St Brendan Parish. Please complete this information below, and if baptized, attach a copy of your baptismal certificate. Contact Jennifer Rice at 614-876-1272 ext 227, or email **jrice@stbrendans.net** so that an appointment can be scheduled. The appointment interview should take about 30 minutes and is intended to be a time for us to discern how we can best meet your needs and answer your questions about the OCIA process. Thank you!

Today's Date:					
Name: First:	Mido	dle:	Last:		
Maiden Name (if applicabl	e):				
Date of Birth:		Age:			
Place of Birth:					
	City	State	Zip		
Name of Father:					
	First	Last			
Name of Mother:					
	First	Last	Maiden		
I. CONTA	CT INFORMAT	ΓΙΟΝ			
Full Mailing Address:					
<u> </u>	Street				
	City	State	Zip		
Phone: (Daytime)		(Evening/Weekend)			
Cell/Mobile Phone:		Occupation:			
Email: (Home)		(Other)			

RELIGIOUS HISTORY П. 1. What, if any, is your present religious affiliation? _____ 2. Have you ever been baptized? ☐ Yes □ No ☐ I am not sure If you answered "Yes" to Question 2, please provide the following information along with a copy of your baptismal certificate: (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): Church name (e) Address, if known: ___ State Zip 3. If you were baptized Catholic, check those sacraments you have already received: □ Penance (Confession) ☐ Eucharist (First Communion) **CURRENT MARITAL STATUS** Ш. Check the appropriate statement(s) below and provide any information requested beneath each statement. □ 1. I have never been married. □ 2. I am engaged to be married. (a) Your Fiancé(e)'s Name: (b) Your Fiancé(e)'s Current Religious Affiliation (if any): _____ **(c)** For you: □ This is my first marriage. □ I have been married before. (d) For your fiancé(e): ☐ This is his/her first marriage. ☐ My fiancé(e) has been married before. □ 3. I am married. (a) Your Spouse's Name: _____ **(b)** Your Spouse's Current Religious Affiliation (if any): **(c)** For you: □ This is my first marriage. □ I have been married before.

Zip

(d) For your spouse: ☐ This is my spouse's first marriage. ☐ My spouse has been married before.

City

(civil government, non-Christian minister, Christian minister, Catholic cleric)

State

(e) Date of Marriage:

(g) Officiating Authority of Marriage:

Church

(f) Place of Marriage: _

→ 4. I am married, but sep	arated from	my spouse.				
→ 5. I am divorced and I h	ave not rema	arried.	I may be in ne	ed of a Churc	ch annulmen	t
☐ 6. I am divorced and re	married.					
☐ 7. I am a widow/widowe	r and have r	not remarried	since my spo	use's death.		
☐ 8. I am cohabitating wit	h another ac	dult.				
IV. FAMILY IN	FORMAT	ΓΙΟΝ				
List the name(s) of any child			a Daughter –	_ lane: Stens	son — John)	
, , ,				•	,	
Relationship:	N	lame:				_ Age:
Have he/she been b	paptized?	☐ Yes	□ No	□ I am n	ot sure	
If you answered "Y baptismal certificat		provide the fo	ollowing inform	nation along	with a copy o	of the
(a) Baptized into wha	at denominati	ion?				
(b) Date or approxim	ate age of ba	aptism:				
(c) Baptismal name						
(d) Place of Baptism	(name of churc	ch/denomination):				
				Church nan	ne	
(e) Address, if known	n: Street			City	State	Zip
Ann ann a bill dann in		41 0 -4111- 1		V	. NI	
Are your children i	nterested in	the Catholic i	Faitn?	Yes ⊔	No	
Relationship:		Name:				Age:
Have he/she been b	paptized?	☐ Yes	□ No	□ I am n	ot sure	
If you answered "Y baptismal certificat		provide the fo	ollowing inform	nation along	with a copy o	of the
(a) Baptized into wha	at denominati	ion?				
(b) Date or approxim	nate age of ba	aptism:				
(c) Baptismal name	(if different from	current name): _				
(d) Place of Baptism	(name of churc	h/denomination):		Church nan	ne	
(e) Address, if known	า:					
, 11 122, 11 1110	Street			City	State	Zip
Are your children i	nterested in	the Catholic I	Faith?	Yes 🗅	No	

Have belake been		arric				_ Age: _
nave ne/sne been	baptized?	☐ Yes	□ No	□lam	not sure	
If you answered " baptismal certifica		provide the fo	llowing infor	mation alon	g with a copy o	f the
(a) Baptized into wh	hat denominati	on?				
(b) Date or approxi	mate age of ba	ptism:				
(c) Baptismal name	e (if different from	current name): _				
(d) Place of Baptism	m (name of church	n/denomination):				
				Church na	ame	
(e) Address, if know						
	Street			City	State	Zi
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		Kilow Illore al	bout the Cath	iolic Faith?		
		Know more an	oout the Cath	olic Faith?		
		Know more an	oout the Cath	olic Faitn?		
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ease describe the ty					child and/or as a	an adul
ease describe the ty	pes of religiou	ıs education <u>y</u>	you have rece		:hild and/or as a	an adu∣

		owing statements best describes ning the Catholic Church? (pleas				
	A. I need much more information	n about the Catholic Church before	I would consider joining.			
	☐ B. I am considering joining, but I am still unsure about it.					
	☐ C. I am fairly sure that I would like to join, but I still need some time to study and pray about it.					
	D. I am fairly sure that I want to j	oin the Catholic Church.				
□ Ihave	an adult who would sponsor m	ne in this journey whose respons	sibilities include:			
	Attending weekly OCIA input	t session on Tuesday evenings fro	m 7-8:30 PM.			
	Attending any and all schedule	uled weekend OCIA events.				
	Being a mentor and guide to	me throughout the process.				
	 Being a practicing Catholic w (received Baptism, Eucharist 					
Name: Fir	st:	Last:				
Full Mailin	g Address:Street					
	City	State	Zip			
Phone: (Da	aytime)	(Evening/Weekend)				
Cell/Mobil	e Phone:					
		(Other)				
□ I woul	d need the parish to provide a s	sponsor for me.				

4. What are some of the questions or concerns, if any, that you have about the Catholic Church?