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 Wendy Ferkany at 614-876-1272, ext 291 or email ***wferkany@stbrendans.net*** *so 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: _____ Middle: _____ Last: _____

Maiden Name (if applicable): _____

Date of Birth: _____ Age: _____

Place of Birth: _____
City State Zip

Name of Father: _____
First Last

Name of Mother: _____
First Last Maiden

I. CONTACT INFORMATION

Full Mailing Address: _____
Street

_____
City State Zip

Phone: (Daytime) _____ (Evening/Weekend) _____

Cell/Mobile Phone: _____ Occupation: _____

Email: (Home) _____ (Other) _____

II. RELIGIOUS HISTORY

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: _____
Street City State Zip

3. If you were baptized Catholic, check those sacraments you have already received:

❑ Penance (Confession) ❑ Eucharist (First Communion)

III. CURRENT MARITAL STATUS

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.

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

(e) Date of Marriage: _____

(f) Place of Marriage: _____
Church City State Zip

(g) Officiating Authority of Marriage: _____
(civil government, non-Christian minister, Christian minister, Catholic cleric)

❑ **4. I am married, but separated from my spouse.**

❑ **5. I am divorced and I have not remarried.** ❑ **I may be in need of a Church annulment**

❑ **6. I am divorced and remarried.**

❑ **7. I am a widow/widower and have not remarried since my spouse's death.**

❑ **8. I am cohabitating with another adult.**

IV. FAMILY INFORMATION

List the name(s) of any children or other dependents (e.g., Daughter — Jane; Stepson — John).

Relationship: _____ Name: _____ Age: _____

Have he/she been baptized? ❑ Yes ❑ No ❑ I am not sure

If you answered "Yes", please provide the following information along with a copy of the baptismal certificate:

(a) Baptized into what denomination? _____

(b) Date or approximate age of baptism: _____

(c) Baptismal name (if different from current name): _____

(d) Place of Baptism (name of church/denomination): _____
Church name

(e) Address, if known: _____
Street City State Zip

Are your children interested in the Catholic Faith? ❑ Yes ❑ No

Relationship: _____ Name: _____ Age: _____

Have he/she been baptized? ❑ Yes ❑ No ❑ I am not sure

If you answered "Yes", please provide the following information along with a copy of the baptismal certificate:

(a) Baptized into what denomination? _____

(b) Date or approximate age of baptism: _____

(c) Baptismal name (if different from current name): _____

(d) Place of Baptism (name of church/denomination): _____
Church name

(e) Address, if known: _____
Street City State Zip

Are your children interested in the Catholic Faith? ❑ Yes ❑ No

Relationship: _____ Name: _____ Age: _____

Have he/she been baptized? ❑ Yes ❑ No ❑ I am not sure

If you answered "Yes", please provide the following information along with a copy of the baptismal certificate:

(a) Baptized into what denomination? _____

(b) Date or approximate age of baptism: _____

(c) Baptismal name (if different from current name): _____

(d) Place of Baptism (name of church/denomination): _____
Church name

(e) Address, if known: _____
Street City State Zip

Are your children interested in the Catholic Faith? ❑ Yes ❑ No

V. GENERAL QUESTIONS

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

_____

_____

_____

_____

2. Please describe the types of religious education you have received, as a child and/or as an adult.

_____

_____

_____

_____

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

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

5. 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 check one)

- ❑ **A.** I need much more information 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 join the Catholic Church.

❑ **I have an adult who would sponsor me in this journey whose responsibilities include:**

- Attending weekly OCIA input session on Tuesday evenings from 7-8:30 PM.
- Attending any and all scheduled weekend OCIA events.
- Being a mentor and guide to me throughout the process.
- Being a practicing Catholic who has been fully initiated (received Baptism, Eucharist & Confirmation)

Name: First: _____ Last: _____

Full Mailing Address: _____
Street

_____
City State Zip

Phone: (Daytime) _____ (Evening/Weekend) _____

Cell/Mobile Phone: _____

Email: (Home) _____ (Other) _____

❑ **I would need the parish to provide a sponsor for me.**