


HOLY NAME
CATHOLIC PARISH
OCIA – Registration Form

Date: _____

Personal Information

Name (First, Middle, Last): _____

Maiden Name (if applicable): _____

Street Address: _____

Phone Number: _____ Email: _____

Place of Birth (City /State): _____

Date of Birth (DD/MM/YYYY): _____ Age: _____

Father's Name (First, Middle, Last): _____

Mother's Name (First, Middle, Last): _____

Occupation: _____

What sacraments are you seeking in the Catholic Church? Mark all that apply:

Baptism First Reconciliation First Communion Confirmation Matrimony

Religious History:

What is your current religious affiliation? _____

Date and Place of Baptism (if applicable): _____

City/State of Baptism: _____

Marital Status:

Never married Engaged to be married Married civilly Common Law

Married non-Catholic Divorced Remarried Cohabiting

If married, name and faith of spouse: _____

How many Children? _____

Sponsor:

Name (First, Middle, Last): _____

Phone Number: _____ Email: _____

Parish: _____ City/State: _____

Name of Saint Selected: _____