

OCIA REGISTRATION FORM

Candidate/Catechumen Information :				
Full Name:				
Street Address:				Age:
City:	Zip code: _		_ Birthdate	:
Cell phone #:	Email: _			
Registered Parish: Blessed Sacrament		St. Louis		St. Anthony's
Father's Name:				
Mother's Name, including maiden name:	÷			
Sacrament Information:				
Baptism Church:				
Baptism date, city, state:				
First Penance Church:				
First Penance date, city, state:				
First Eucharist Church:				
First Eucharist date, city, state:				
<u>Marital Status:</u>				
Are you married: Yes / No	Are you e	engaged to be	e married:	Yes / No
If you are married, were you married in the	he Catholic	church: Y	es / No	
If you are married, is this your first marri	iage: Yes	/ No		
If you are married, is this your spouse's f	first marriag	ge: Yes / N	To .	

Reason for becoming Catholic:

We are excited to have you as part of our OCIA (Order of Christian Initiation for Adults) program and to walk with you on this faith journey. Please tell us a little bit about why are becoming Catholic:

Submit completed form and sacrament records to CRE, Ashlee Campbell, via email: religioused@stlouisrcchurch.org