ORDER OF CHRISTIAN INITIATION FOR ADULTS Inquiry - Initial Interview Form (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: _____ Church Affiliation: _____

Mother's First & Maiden Name: _____ Church Affiliation: _____

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

☐ Single	☐ Divorced.	☐ Married in the Catholic Church
☐ Currently Engaged	☐ Divorced and Remarried.	☐ Married in Church other than Catholic Church
☐ Currently Married	☐ Have Catholic Annulment	☐ Married in a Civil Service
☐ Widow/Widower	☐ Widowed and Remarried	_____Total number of marriages.

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Spouse's Name (Maiden name if applicable: _____Date of Birth: _____

Place of Birth (city and state):, _____Church Affiliation _____ Baptized(yes/no): _____

Has your spouse ever been married before?(yes/no) _____If YES: Civil ☐ Church ☐

Do you have any children? (yes/no),_____If yes, please list names, ages and whether they are baptized on the back of this sheet.

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How did you first become interested in the OCIA? _____

_____

_____

For Office Use Only

RCIA Sponsor: _____Contact Info: _____

Convalidation needed:_____ Annulment needed____ Paperwork started: _____

Rite of Acceptance/Welcome_____ Rite of Election _____ Reconciliation ____Baptism Certificate on file_____