

**St. Clare Catholic Church**

**Order of Christian Initiation for Adults (OCIA) Application**

Name: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Place of Birth (city, state, country) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

**CONTACT INFORMATION:**

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_

Are you registered in a parish? Yes \_\_\_\_\_ No \_\_\_\_\_

Parish Name & City: \_\_\_\_\_

**RELIGIOUS HISTORY**

Have you been baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_

If yes, What denomination? \_\_\_\_\_

Date or approximate age? \_\_\_\_\_

Name of Church: \_\_\_\_\_

Location (city, state, country): \_\_\_\_\_

Can you obtain a certificate? \_\_\_\_\_

If you were baptized in the Catholic Church, what sacraments have you already received?

Reconciliation \_\_\_\_\_ Penance \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Tell us about why you are seeking to learn more about the Catholic faith:

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### Marital Status

What is your marital status? \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Married \_\_\_\_\_ Widow/widower

If you are married or engaged: \_\_\_\_\_ This is my first marriage and my spouse's first marriage.

\_\_\_\_\_ I have married before. \_\_\_\_\_ My spouse has married before. \_\_\_\_\_ Both have married before.

One or both of us have married before, but we have received an annulment: \_\_\_\_\_ Yes, \_\_\_\_\_ No

If married: Spouse's name: \_\_\_\_\_ Spouse's religion: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Officiant: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ City/State: \_\_\_\_\_

If Engaged: Name of fiancé \_\_\_\_\_ Fiancé's religion: \_\_\_\_\_

When do you plan on getting married? \_\_\_\_\_

Have you or your fiancé ever been married before in either a church or civilly? \_\_\_\_\_ Yes, \_\_\_\_\_ No

### SPONSOR INFORMATION

Name: \_\_\_\_\_

Phone: (home/work) \_\_\_\_\_ Phone: (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**NOTE:** We meet every Wednesday evening from 6:45 to 8:00 pm. Your participation each week is essential, so be sure if there is any conflict you discuss with the OCIA Coordinator. Be aware that 3 or more missed sessions will require a review of your commitment to continue. The program we have is designed to build one week upon the next, so missing too many sessions will cause an incomplete understanding of the Catholic faith.

APPLICANT'S SIGNATURE: DATE: \_\_\_\_\_

***THANK YOU FOR YOUR INTEREST IN THE OCIA PROGRAM AT ST. CLARE CATHOLIC CHURCH***

OCIA Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Contact: Dcn Charles Walden, (985-285-2997), [cwaldensr1@gmail.com](mailto:cwaldensr1@gmail.com)