



St. Patrick Parish

Thank you for inquiring into the Catholic Faith and the OCIA process at St. Patrick Parish

Please complete this form. It is helpful if you print your responses.

1. Name: _____
First Middle Last

2. Maiden Name (if applicable): _____

3. Email Address: _____

4. Cell phone number: _____ 5. Work phone number: _____

6. Home phone number: _____

7. Home Address: _____
Street City Zip

8. Birth date: m/d/yyyy ____/____/____

9. What has moved you to inquire about the Catholic Faith?

10. Are you Baptized? ___Yes ___No (if 'no' skip #11 & 12)

11. In what Faith Tradition were you baptized? _____

12. At what age were you baptized? ___Infant ___Child ___Teen ___Adult

13. What is your marital status?

___Single ___Engaged to be married ___Married ___Widow/er
___Divorced ___Divorced and remarried ___Other _____

14. Name of fiancée/spouse if engaged/married: _____

15. Any questions you would like to ask?

Thank you for taking the time to fill out this information form. *The OCIA team*