



Parish of St. Michael the Archangel
Order of Christian Initiation of Adults
O.C.I.A. Registration Form

NAME: _____

PHONE NUMBER: _____ HOME/CELL

EMAIL: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

Dof B: _____ AGE: _____ PLACE of B _____

DATE OF BAPTISM: _____ CHURCH OF BAPTISM: _____

NAME OF FATHER AS ON BIRTH CERTIFICATE: _____

NAME OF MOTHER AS ON BIRTH CERTIFICATE: _____

PLEASE CIRCLE ALL THE SACRAMENTS YOU NEED:

BAPTISM HOLY COMMUNION CONFIRMATION

IF ALREADY BAPTIZED WAS IT _____ CATHOLIC _____ NON CATHOLIC

IF YOU NEED BAPTISM PLEASE GIVE THE NAMES OF YOUR GODPARENTS:

GODFATHER: _____

TBD

GODMOTHER: _____

TBD

TBD =To Be Determined later. Must be Decided by Jan 1st.

IF YOU NEED CONFIRMATION PLEASE PROVIDE ONE SPONSOR AND YOUR
SAINT NAME: *(these can be chosen later)*

SPONSOR:_____ TBD

SAINT NAME:_____

HEIGHT:_____ WEIGHT:_____ (Needed for Gown Size)

Current Marital Status (Circle those that apply):

Not Married

Married

Do you have a romantic interest? Y N

Single, never married

Divorced

Unmarried but living with “Partner”

Catholic Marriage

Not Catholic Marriage

Married, separated from my
spouse

Engaged to be married in the Catholic Church – engaged couples are encouraged
to attend class together

Fiance’s Name:_____

Wedding Date:_____

Church:_____

If Married or Engaged (please choose one for each person):

This is my first marriage

This is my spouse’s first marriage

I was previously divorced

My spouse was previously divorced

I was previously married and my spouse passed away

My spouse was previously married and his/her spouse passed away

YOU ARE REQUIRED TO PROVIDE:

BIRTH CERTIFICATE and BAPTISM CERTIFICATE (If Baptized Already)

Sponsor Eligibility Form for Sponsors / Godparents Due Jan 1st