



*St. Mary
of the
Angels*

O CIA PROGRAM

Candidate Information:

(If you are not yet baptized, please provide a Driver's license or State ID and Birth Certificate)

Name: _____
(First Name) (Middle Name) (Last Name)

Maiden Name (if applicable): _____

Date of birth: _____ Place of birth: _____
(City) (State/Country)

Address: _____
(Street) (City) (State) (Zip Code)

Phone: _____ Email: _____

Father's Name: _____ Mother's Maiden Name: _____

CURRENT STATUS

- **If Catholic:** Seeking to be Confirmed _____ Seeking to receive 1st Communion: _____
- **Non-Catholic denomination** (e.g. Lutheran, Baptist, Episcopalian, or "none" etc.): _____
- **Not baptized:** _____

If baptized: *(Please provide a copy of your Baptism certificate)*

- Baptism (Date): _____ Denomination (e.g. Catholic, Lutheran, Episcopalian, etc.), other: _____
- Church of Baptism: _____
- Address of Church of Baptism: _____
(Street) (City) (State) (Zip Code)

Reason for participating in the OCIA program *(check all that are applicable)*

- I am inquiring about the Catholic faith: _____
- I have a Catholic spouse or fiancé(e): _____
- I am considering entrance into the Catholic Church: _____
- I am considering to be Baptized in the Catholic Church: _____
- Other reasons: _____

MARITAL STATUS *(please check all that are applicable)*

- Single: _____ Married: _____ Widowed: _____ Divorced: _____
Separated: _____ Cohabiting: _____ Engaged: _____

If married:

- Catholic ceremony: _____
- Non Catholic ceremony: (e.g. Lutheran, Episcopalian, Baptist, etc.): _____
- Civil marriage only: _____

Confirmation name (name of saint): _____

Sponsor's name: _____

NOTE: *The sponsor must be a practicing Catholic. Testimonial form and Confirmation Certificate are required.*

FOR OFFICE USE ONLY

Candidate's ID: _____ Candidate's Baptismal certificate or birth certificate: _____ Payment received: _____

Sponsor's testimonial letter: _____ Sponsor's Confirmation certificate: _____