

St. Peter's Catholic Church

P. O. Box 1566

Springerville, AZ 85938

(928) 333-4423

Webpage www.stpeterchurchaz.com Email stpeterspringerville@dioceseofgallup.org

Facebook; StPeters Church

OCIA REGISTRATION FORM

Name: _____
First Middle Last

Physical Address: _____
Street City State Zip Code

Mailing Address: _____
City State Zip Code

Cell Number: _____ Email: _____

Date of Birth: _____ / _____ / _____

Place of Birth: _____
City State Zip Code

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Maiden Name

Sacramental Information

Have you been Bptized? _____ YES _____ NO

If YES what religion? _____

If Yes please attach a copy of your baptismal certificate to this form

If your were baptized Catholic, have you received either of the following Sacraments?

Confirmation: _____ YES _____ NO

1st Holy Communion (*Reconciliation and Eucharist*): _____ YES _____ NO



Marital Status:

Please check all boxes that apply.

If you are currently married, all previous marriages must be formally annulled by the Catholic Church in order to receive any Sacraments.

- ☐ I have never been married.
- ☐ I am married in the Catholic Church by a priest or a deacon.
- ☐ I have never been married, but I am living in a relationship with a significant other.
- ☐ I am married, but not in the Catholic Church.
- ☐ I have been married more than once. I have a prior marriage.
- ☐ My spouse has been married more than once. My spouse has a prior marriage.
- ☐ Other, please describe: _____

If you are married, what religion is your spouse? _____

Name of Church

City

State

Zip Code

I _____ Verify that all I have answered is correct and true.
Name (please print)

—

Signature

Date

Office Use Only:

Interviewed by

Date

Status (check one)

_____ Catechumen

_____ Candidate for full Reception in to the Catholic Church

_____ Candidate for the Sacraments of Confirmation and 1st Holy Communion

_____ Candidate for the Sacrament of Confirmation only.

_____ Candidate for the Sacrament of First Holy Communion.

Name of Sponsor:

Referred to Priest; _____ YES _____ NO