



BASILICA OF ST. MICHAEL — THE ARCHANGEL —

O.C.I.A.

Order of Christian Initiation of Adults

Information Sheet

Date: _____

Full Name: _____

Address: _____

Phone numbers: _____

E-mail Address: _____

Are you baptized? Yes _____ No _____ (If “YES”, please provide the following information)

Date of Birth: _____ Place of Birth: (City/State) _____

Date of Baptism: (If known) _____ Church Name of Baptism _____

Address of Church: _____
(Copies of your Baptismal Certificate will be needed prior to the Easter Season)

If Baptized Catholic, were you Confirmed? Yes: _____ No: _____

Have you been a part of any religious training or education? (If explain or describe)

Father's Full Name: _____

Father's Religion: _____

Mother's Full Name: _____

Mother's Religion: _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Separated: _____

(Your marital status is kept confidential, but it is essential for the priest so that he can help you with your journey into the faith)