

INSTRUCTIONS:

- 1. Fill out the registration form.
- 2. Call rectory to schedule appointment with the pastor or his delegate.
- 3. Bring form to appointment.

**The sponsor form can be filled out by your sponsor and signed by pastor then mailed to the rectory.*

***If you don't know your Confirmation name or sponsor yet, we can add that later to the main form*

St. Rita Catholic Church
PO Box 1449
1400 E. Owens St
Show Low AZ 85902
(928) 537-2543
stritashowlow@dioceseofgallup.org

For priest's use:
 Initial interview Date:
 Priest:
 Note:

 Final Interview Date:
 Priest:
 Note:

2026-27 OCIA Registration Form

Today's Date _____

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

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Telephone: (preferred) _____ (secondary) _____

Email: _____

Occupation: _____

Date of Birth: (Month/Day/Year): _____ Place of Birth (City, State): _____

Names of Birth Parents/Guardians: _____

Mother's maiden Last Name (sacrament record-keeping): _____

CONFIRMATION SAINT NAME: _____

SPONSOR NAME: _____

Is your sponsor a parishioner at St. Rita's Catholic Church? Y/N ____

*Sponsors must fill out the sponsor form and have their pastor sign and seal it. May be turned in by February 1.

**We can add Confirmation name at a later date.

SACRAMENTS

Have you been baptized? ☩ YES ____ NO ____ If YES: Date of Baptism (MM/DD/YYYY) _____

If YES: Name of Church _____ Denomination _____

Address of Church of Baptism _____

(☩ Please submit a copy of your baptismal form as soon as possible, which can be retrieved from your church of baptism. We should have this by February 1.)

Have you previously received instruction in the CATHOLIC Faith or Sacrament preparation? Yes ____ No ____

If YES, when and where? _____

Present Religion or Denomination (if any): _____

Past Religions or Denominations: _____

Have you received these sacraments?

PENANCE (Confession/Reconciliation) Y / N (If YES, when & denomination/church) _____

EUCARIST (Holy Communion) Y / N (If YES, when & denomination/church) _____

CONFIRMATION: Y / N (If YES, when & denomination/church) _____

I will attend OCIA because:

- ___ I am not Catholic but fully intend on entering the Catholic Church this coming Easter Vigil (March 27, 2027).
- ___ I want to learn more about the Catholic faith. (I am not certain I want to join the Catholic Church.)
- ___ I am Catholic but have not received Holy Communion and/or Confirmation.
- ___ I am Catholic but have been away from the Church and want to learn about my Catholic faith.

REGULAR FAITH PRACTICE:

- Do you attend Sunday Mass each week at a Catholic Church? Y / N
- Do you attend St. Rita’s Catholic Church regularly for Mass? Y / N
- Are you registered at St. Rita’s Catholic Church? Y / N
- Are you involved in other faith groups or activities? Y / N If so list: _____

MARITAL STATUS:

(We want to help identify and resolve any possible obstacles to your becoming Catholic, if you so choose.)

- Single ___ Engaged ___ Married ___ (Catholic marriage? Y / N)
- Cohabiting (Living outside of Marriage) ___ If so, any children through arrangement? Y ___ N ___
- Divorced ___ Annulled by Catholic Church ___ Petition for Annulment in Process ___ Remarried ___

Your Current Marriage if married): Date of Marriage (MM/DD/YY): _____ Name of Spouse _____

Where were you married? (Church/Venue, City, State, Country)? _____

Name of presiding minister or official: _____ Minister’s denomination or religion _____

Was your spouse baptized? Yes ___ No ___ If YES, as a Catholic? Yes ___ No ___ Other denomination or religion: _____

Was your spouse previously married? Yes ___ No ___

If so was each marriage annulled by the Catholic Church? Yes ___ No ___

Please list all previous marriages for you and your spouse below, even if currently not married.

Your Previous Marriage/s (additional marriages on page 3)

Prior Marriage #1: Name of Spouse _____ Date _____ Location of Wedding _____

Name of presiding minister or official _____ Presider’s denomination or religion (if applicable) _____

Was this former spouse baptized? Yes ___ No ___ If YES, as a Catholic? Yes ___ No ___ Other denomination or religion _____

Was this former spouse previously married? Yes ___ No ___ Was each marriage annulled by the Catholic Church? Yes ___ No ___

Prior Marriage #2: Name of Spouse _____ Date _____ Location of Wedding _____

Name of presiding minister or official _____ Presider’s denomination or religion (if applicable) _____

Was this former spouse baptized? Yes ___ No ___ If YES, as a Catholic? Yes ___ No ___ Other denomination or religion _____

Was this former spouse previously married? Yes ___ No ___ Was each marriage annulled by the Catholic Church? Yes ___ No ___

Your Current Spouse’s Previous Marriage/s

Prior Marriage #1: Name of Spouse _____ Date _____ Location of Wedding _____

Name of presiding minister or official _____ Presider’s denomination or religion (if applicable) _____

Was his/her former spouse baptized? Yes ___ No ___ If YES, as a Catholic? Yes ___ No ___ Other denomination or religion _____

Was his/her former spouse previously married? Yes ___ No ___ Was each marriage annulled by the Catholic Church? Yes ___ No ___

Prior Marriage #2: Name of Spouse _____ Date _____ Location of Wedding _____

Name of presiding minister or official _____ Presider’s denomination or religion (if applicable) _____

Was his/her former spouse baptized? Yes ___ No ___ If YES, as a Catholic? Yes ___ No ___ Other denomination or religion _____

Was his/her former spouse previously married? Yes ___ No ___ Was each marriage annulled by the Catholic Church? Yes ___ No ___

(If you have additional marriages please call the office at (928) 537-2543)

St. Rita Catholic Church
PO Box 1449
1400 E. Owens St
Show Low AZ 85902
(928) 537-2543

OCIA Sponsor Eligibility Form

PART I: Completed by the prospective SPONSOR

In accepting the responsibility of being a Godparent for Baptism and/or a Sponsor at Confirmation, by signing below I truthfully state the following, in accordance with canonical guidelines:

- I am at least sixteen (16) years of age;
- I have received the Sacraments of Christian Initiation in the Catholic Church (Baptism, Holy Eucharist, and Confirmation);
- If married, I am married in the Catholic Church and intend to continue living in conformity with the laws of the Catholic Church regarding marriage;
- I attend Mass regularly on Sundays and Holy Days of Obligation, and receive the Sacraments of the Church (Holy Eucharist and Penance) regularly; and
- I understand and accept the responsibilities which I undertake at this time, and I promise to help the efforts of the Confirmation candidate named below to live fully in accord with the teachings of the Catholic Church, with my support, encouragement, and prayer.

Name of Catechumen/Candidate: (Last) _____ (First) _____

Name of Sponsor (Printed) _____

Street Address: _____

City, State, Zip: _____

Phone Number(s) _____

Are you a parishioner of St. Rita’s Catholic Church, Show Low, AZ? YES ___ NO ___

(If YES, please return form to St. Rita’s OFFICE for the pastor’s verification)

Signature of Sponsor, in agreement to the requirements outlined above

PART II. Completed and sealed/stamped by the Pastor/Parish of the Sponsor (or attach the sponsor’s parish’s sealed/stamped certificate of eligibility)

I certify that the sponsor listed above is registered in our parish and according to our records is an active member of our parish and eligible to be a Confirmation sponsor.

Pastor’s signature (or his Authorized Delegate)

Date

<<PARISH SEAL>>

Parish, City, State