

O.C.I.A.
Interview / Registration Form

!!!!!! Please Print only !!!!!

Date: ____/____/____

Date of Birth: ____/____/____

Name _____
Last Name First Name

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____-____ Cell: (____) ____-____ email: _____

Are you been Baptized? ____ Yes ____ No Age at time of Baptism: _____

Have you received any sacraments from the Catholic Church? ____ Yes ____ No

Sacraments received: Baptism ____ Reconciliation ____ Eucharist ____ Confirmation ____

Name of the Church: _____ Day, Month and Year: ____/____/____

Address if known: _____

City: _____ State: _____ Zip: _____

Proof of Baptism: _____ Minister: _____
Copy of Baptism Certificate /Name of Witness

Are you currently Married? ____ Yes ____ No Date of Marriage ____/____/____

Have you ever been divorced? 1st ____ Yes ____ No When ____/____/____

2nd ____ Yes ____ No When ____/____/____

Have you been granted an annulment? ____ Yes ____ No When ____/____/____

Brief History:

Received By: _____ Date: ____/____/____

Interviewed By: _____ Date: ____/____/____