



St. Joseph OCIA Inquirer Information Form

Information is held in confidence and is not shared without your permission

Today's Date: _____

Name: First: _____ Middle: _____ Last: _____

Maiden Name (if applicable): _____

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

Contact Information

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (Daytime) _____ (Evening/Weekend) _____

Cell Phone: _____ Occupation: _____

E-mail: (Home) _____ (Other) _____

Religious History

1. What, if any, is your present religious affiliation? _____

2. Have you ever been baptized? ☐ Yes ☐ No ☐ Unsure

If you answered "Yes" to Question 2, please provide the following information:

a) In what denomination were you baptized? _____

b) Date or your approximate age when you were baptized: _____

c) Place of Baptism (Name of church/denomination): _____

d) Address, if known: _____

e) City and State, if known: _____

3. If you were baptized as a Catholic, check those sacraments you have already received:

☐ Penance (Confession) ☐ Eucharist (First Communion) ☐ Confirmation

Continued on reverse side

Current Marital Status

Check the appropriate statement below and provide any information requested beneath the statement.

- ☐ 1. I am single and I have never been married.
- ☐ 2. I am engaged to be married.

a) Your Fiancé(e)'s Name: _____
b) Your Fiancé(e)'s Current Religious Affiliation (if any): _____
c) For You: ☐ This is my first marriage. ☐ I have been married before.
d) For your fiancé(e): ☐ This is his/her first marriage. ☐ My fiancé(e) has been married before.
- ☐ 3. I am married.

a) Your Spouse's Name: _____
b) Date of Marriage: _____
c) Place of Marriage: _____
d) Your Spouse's Current Religious Affiliation (if any): _____
e) For you: ☐ This is my first marriage. ☐ I have been married before.
f) For your spouse: ☐ This is my spouse's first marriage.
 ☐ My spouse has been married before.
- ☐ 4. I am married, but separated from my spouse.
- ☐ 5. I am divorced and I have not remarried.
- ☐ 6. I am a widow/widower.

Family Information

List the name(s) of any children or other dependents.

- Relationship: _____ Name: _____ Age: _____
- Relationship: _____ Name: _____ Age: _____
- Relationship: _____ Name: _____ Age: _____
- Relationship: _____ Name: _____ Age: _____
- Relationship: _____ Name: _____ Age: _____