

OCIC Child (under 18) Intake Form

Child's Information

Child's Last Name		
First Name_	Middle Name	
Address	City	Zip Code
Home Phone	Cell Phone	
Age Date of Birth	_Birthplace	
Grade School attending		
Are there any special needs we need to be awa	are of? (learning disabili	ties, medical conditions, etc.)
Email Address		
Sacramental inquiry		
Has your child ever been baptized?	_ If yes, date of baptism	m
Religious denomination of baptism		
Church of Baptism	City	State
Baptized by pouring of water	immersion spr	rinkling
Was baptism in the Trinitarian Formula (in the na	me of the Father, and of the Son, and o	f the Holy Spirit) ?
Has your child received the Sacrament of Euc	harist? If yes, d	late
Church of Eucharist	City	State
Has your child received the Sacrament of Con	firmation? If y	ves, date
Church of Confirmation	City	State
Parental Information		
Child lives with: Father and Mother Father of	only Mother only	
Father and Step-Mother M	other and Step-Father	Legal guardian(s)

Birth Father's Full Name	Occupation	
Religious preference		
Birth Mother's Full Name	Occupation	
Religious preference	Mother's Maiden Name	
Birth father or mother, if different	from above	
Sponsor Information		
	this OCIA faith journey with your child. He or she must be a fully ording to the teachings of the Catholic Church.	initiated,
Do you have a sponsor? If	f so, name of sponsor	
If you do not have a sponsor, would	d you like the church to help you choose one?	
Parental consent		
	rtant for me (us) to support our child in this journey. I (we) wasses and to talk with our child about what each of us has learned	
Signature of parent(s)		
* If either parent is not a fully initiating your personal faith journey.	ated, practicing Catholic, please discuss with the church how we can	n help you
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Signature I further authorize that these pictures website and/or on any postings or fly	Date s may be posted in the All Saints bulletin and social media sites, on the die vers (Please initial)	ocesan