



# OCIA Inquirer Questionnaire Form 2026-2027



**Questions? Call Joyce Barrett at (941) 624-3799**

**This information is kept securely and confidentially and will not be shared without your permission.**

IF YOU ARE BAPTIZED *in the Catholic faith, or another Christian faith, we will need a copy of your original baptismal certificate prior to the reception of the sacraments of First Reconciliation, First Holy Communion, and Confirmation.*

IF YOU ARE NOT BAPTIZED, *we will need a copy of your original birth certificate prior to the reception of the sacrament of Baptism, as well as the sacraments of First Reconciliation, First Holy Communion, & Confirmation.*

Today's Date: \_\_\_\_\_

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:     Single (Never Married)     Married     Engaged     Divorced     Widowed     Other

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### PARENT INFORMATION

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ (required)



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## RELIGIOUS AFFILIATION

Current Religious Affiliation: \_\_\_\_\_

Childhood Religious Affiliation: \_\_\_\_\_

Other Past Religious Affiliations: \_\_\_\_\_

Have You Been Baptized?  Yes  No

If Yes:

- Denomination: \_\_\_\_\_
- Date of Baptism: \_\_\_\_\_
- Baptismal Name: \_\_\_\_\_
- Baptismal Church: \_\_\_\_\_
- Baptismal City: \_\_\_\_\_ Baptismal State: \_\_\_\_\_
- If Catholic Were You:  Baptized at Church  Privately Baptized  Conditionally Baptized  
 Baptismal Certificate Attached  Baptismal Certificate Requested

If Catholic, Have You Received First Communion?  Yes  No

Date: \_\_\_\_\_

Certificate Attached  Certificate requested

If Catholic, Have You Received First Reconciliation?  Yes  No

Location: \_\_\_\_\_

If Married in Catholic Church:  Certificate Attached

Certificate Requested

Other Information About Your Past Religious Affiliations or Practices:

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## MARRIAGE INFORMATION

- I have never been married and do not live with a “significant other” partner.
- I am engaged. Fiancé Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
 This will be my  first marriage  I have been married before.  
 When? Where? Church? Civil? Divorced? Annulment?  
 #1: \_\_\_\_\_  
 #2: \_\_\_\_\_
- This will be my Fiancé’s  first marriage  My fiancé has been married before  
 When? Where? Church? Civil? Divorced? Annulment?  
 #1: \_\_\_\_\_  
 #2: \_\_\_\_\_
- I am married. Spouse Name: \_\_\_\_\_ Religion: \_\_\_\_\_
  - Catholic Sacrament of Marriage  
 When? Where? Church? Certificate Available? \_\_\_\_\_  
 \_\_\_\_\_
  - Non-Catholic Marriage  
 When? Where? Church? Convalidated? Applied? \_\_\_\_\_  
 \_\_\_\_\_
  - This is my first marriage
  - I have been married before  
 When? Where? Church? Civil? Divorced? Annulment?  
 #1: \_\_\_\_\_  
 #2: \_\_\_\_\_



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## MARRIAGE INFORMATION (CONTINUED)

This is my spouse's first marriage

Spouse has been married before

When? Where? Church? Civil? Divorced? Annulment?

#1: \_\_\_\_\_

#2: \_\_\_\_\_

Currently separated from my spouse

Details: \_\_\_\_\_

I have been married, but I am now divorced, and I have not remarried.

I was married in the Catholic Church

I was married in another Christian Church

I was married in a Civil Ceremony

Details on Previous Marriages:

When? Where? Church? Civil? Divorced? Annulment?

#1: \_\_\_\_\_

#2: \_\_\_\_\_

I have been married but am a widow/widower and have not remarried since spouse's death.

*Depending on your individual situation, you may need to meet with a designated Marriage Specialist who will help coordinate any required paperwork or documentation that may be required in relation to your marriage(s). If you are advised to meet with a Marriage Specialist, you should do so as early as possible to avoid any unnecessary delays in receiving Sacraments.*

## HOUSEHOLD AND FAMILY INFORMATION

Names of any other persons who live in your household. Also include children who live elsewhere.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Faith: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Faith: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Faith: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Faith: \_\_\_\_\_



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## OCIA QUESTIONNAIRE

Who, or what, has prompted you to inquire about the Catholic Church at this time?

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Describe your religious education experience as a child:

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Describe your contact or experiences with the Catholic Church to date:

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Do you have any questions or concerns about the Catholic Church or the OCIA Process?

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Which best describes you right now?

- I want to enter the Catholic Church.
- I think I might want to enter the Catholic Church.
- I am just looking to see what the Catholic Church has to offer.
- I want to find out more about the Catholic Church.
- I do not want to enter the Catholic Church, but I want to know what Catholics believe.
- I am already Catholic, and I am seeking to complete the Sacraments of Initiation.
- I am already Catholic, but I have had little or no contact with the Church.

Have you already selected a sponsor?       Yes     No

If so, who? \_\_\_\_\_

*\* Be sure to have your sponsor complete an OCIA Sponsor Registration and Verification Form \**

Have you already chosen a Patron Saint?     Yes     No

If so, who? \_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_

Signature of Inquirer

Date