

Sacred Heart Catholic Church Information Form for O.C.I.A./Family Catechumenate

Date: _____

Registration for: Adult Initiation and/or Child/Children Initiation
(Please print clearly)

| Personal Information (for self or parent of child seeking initiation) | | | |
|-----------------------------------------------------------------------|--|-------------------|----------------------------------------------------|
| Name (legal with nickname in quotes) | | Gender | <input type="radio"/> M <input type="radio"/> F |
| Home Address | | | |
| City, State, Zip | | | |
| Phone (Home) | | Phone (Mobile) | |
| Phone (Work) | | Can receive text? | <input type="radio"/> Yes <input type="radio"/> No |
| Email Address | | | |
| Date of Birth | | Primary Language | |
| Occupation | | | |

| Marital Status | | | | | |
|--------------------------|------------------------------------|-----------------|-----------------|--------------------|--|
| Are you... | | | | | |
| <input type="checkbox"/> | Engaged | For how long? | | Have wedding date? | |
| <input type="checkbox"/> | Married | | | | |
| <input type="checkbox"/> | Single | | | | |
| <input type="checkbox"/> | Widowed | | | | |
| <input type="checkbox"/> | Divorced | | | | |
| <input type="checkbox"/> | Remarried | How many times? | | | |
| Spouse or Fiancé name | | | | | |
| | Spouse Religion | | | | |
| | Spouse Previously Married? | | How many times? | | |
| | Married by Catholic priest/deacon? | | | | |

| Children: | Name | Birthday | Grade | Religion | Sacraments Received | Enrolling in RCIA-FC? |
|---------------------|---------------------------------------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------|---------------------|-------------------------------------------------|
| | | | | | | <input type="radio"/> Y <input type="radio"/> N |
| | | | | | | <input type="radio"/> Y <input type="radio"/> N |
| | | | | | | <input type="radio"/> Y <input type="radio"/> N |
| | | | | | | <input type="radio"/> Y <input type="radio"/> N |
| | | | | | | <input type="radio"/> Y <input type="radio"/> N |
| | Are the children in our Faith Formation program now or in the past? | | | | | <input type="radio"/> Y <input type="radio"/> N |
| Children Live With: | Father → <input type="checkbox"/> | Mother → <input type="checkbox"/> | Both → <input type="checkbox"/> | Other: _____ → <input type="checkbox"/> | | |

| Baptismal and Religious Background of Inquirer | |
|---------------------------------------------------------------|-------------|
| Have you been Baptized? | What faith? |
| How active was your family in the church when you were young? | |