## ST. THOMAS THE APOSTLE CATHOLIC CHURCH Faith-Hope-Love

## OCIA ADULT INQUIRER INFORMATION FORM

Date:				
Name: First	Middle	Last		
Maiden Name (if app	licable)			
Date of Birth	Age_			
Place of Birth				
	(Include city, state, co	ıntry)		
	I. CONTA	CT INFORMATI	ON	
Name of Father				
Name of Mother				
Phone	Cell Phone		Text?	
_ Occupation				
	II RELIG	IOUS HISTORY		
	II. NEEIG	1000111010111		
Email				
	present religious affil			
2. Have you ever I	been baptized? Yes	No	Not sure	
If Yes, please provide	e the following informati	on:		
a. Da	te or approximate age v	hen you were ba	ptized	

b. Baptismal name (if different)					
c. Place of Baptism (church/denomination)					
d. Location (address, town, st	ate, country				
3.If you were baptized as a catholic, which sacraments have you already received? If applicable, please provide church and location.					
a. Reconciliation					
b. First Holy Communion					
c. Confirmation					
III. CURRENT	MARITAL STATUS				
SingleEngaged to be married_	_Married				
Married, separated Divorced, not remarried					
Divorced, remarried Widow(er), not remarried					
If engaged or married, please answer the following:					
Partner Name					
Partner Current religious affiliation					
First Marriage for you?First marriage for partner?					
If married: Date of Marriage					
Place of Marriage					
Officiating Authority of Marriag (civil, non Christian minist	er, Christian cleric, Catholic clergy)				
Family Information (list the names of any children or dependents)					
Name	Relationship	Age			
Name	Relationship	Age			

Name	Relationship	Age				
Name	Relationship	Age				
Name	Relationship	Age				
IV. GENERAL QUESTIONS						
1. What or who has led you to v	want to know more about the Catholic Fa	ith?				
Please describe the types of religious education you have received as a child and as an adult						
3. What are some of the questions or concerns you have about the Catholic Church?						
4. Please use this space to add any additional comments.						