

OCIA Inquirer Questionnaire Form 2024-2025

Questions? Call the Director of Religious Education at (941) 585-0668 or faithformation@stcbc.org. 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

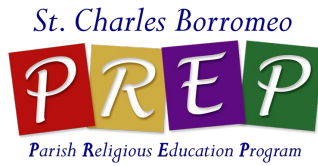
Occupation: _____ Employer: _____

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

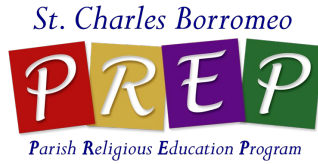
If Catholic, Have You Received First Reconciliation? Yes No

Location: _____

If Married in Catholic Church: Certificate Attached

Certificate Requested

Other Information About Your Past Religious Affiliations or Practices:



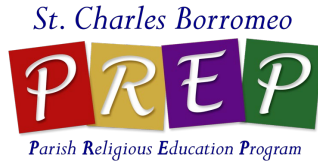
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MARRIAGE INFORMATION

- 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

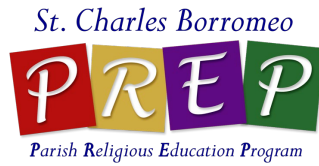
Names of any other persons who live in your household. Also include children who live elsewhere.

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?

Describe your religious education experience as a child:

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

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

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 _____

Signature of Inquirer

X _____

Date