

Registers Information Form for OCIA : Holy Spirit Catholic Church

NAME OF NEW CATHOLIC

LAST/MAIDEN

First

Middle

Residence/Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ E-mail: _____

Date of Birth: _____ City/State of Birth: _____ Sex: _____

Age at time of reception of sacraments: _____ ☐ This person is a minor (age 17 or younger).

Father's Full Name: _____

Father's Religion: _____

Mother's Full Maiden Name: _____

Mother's Religion: _____

Sponsor: _____ Certificate Received: ☐ Yes

Proxy (if applicable): _____ Certificate Received: ☐ Yes

☐ Previously unbaptized

☐ Baptized Protestant - Certificate Received: ☐ Yes

☐ Baptized Catholic (delegation needed for Confirmation) – Baptism Certificate Received: ☐ Yes

Date of Baptism: _____

Church of Baptism: _____

Church of Baptism City: _____ State: _____

If previously baptized, Date of Profession of Faith: _____

Date of Confirmation: _____

Confirmation Name: _____

Date of First Holy Communion: _____

Celebrant of sacraments: _____

☐ This Person is married. Spouse: _____ Certificate Received: ☐ Yes

Married Name: _____

Civil Marriage (date and location): _____

Convalidation Date: _____ Celebrant: _____

Other notations: _____

For Office Use:

- ☐ Catholic Marriage that was celebrated (e.g., Convalidation) recorded in Marriage Register
- ☐ Confirmation recorded in Confirmation Register
- ☐ First Communion recorded in First Communion Register
- ☐ Baptism and/or Profession of Faith recorded in Baptism Register and
 - ☐ Notation of Confirmation (if previously baptized Catholic, send notification to parish of Baptism)
 - ☐ Notation of First Communion (if previously baptized Catholic, send notification to parish of Baptism)
 - ☐ Notation of Marriage (if a convalidation has occurred, send notification to Catholic spouse's parish of Baptism)
- ☐ Certificate(s) made and sent
- ☐ Add to parish database