



OCIA - Order of Christian Initiation for Adults INQUIRY FORM

NAME: _____
Last First Middle Initial

MAIDEN NAME: (If applicable) _____ DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____
City/Town/County State/Province/Territory Country

NAME OF FATHER: _____ NAME OF MOTHER: _____

I CONTACT INFORMATION

FULL MAILING ADDRESS: _____
Street City State Zip

PHONE: (daytime) _____ (evening/weekend) _____

CELL: _____ OCCUPATION: _____

EMAIL: (personal) _____ (other) _____

II RELIGIOUS HISTORY

1. What, if any, is your present religious affiliation? _____
2. Have you ever been Baptized? ☐ Yes ☐ No ☐ I am not sure

IF YOU ANSWERED "YES" TO QUESTION 2, PLEASE PROVIDE THE FOLLOWING INFORMATION

- a. Date or your approximate age when you were baptized: _____
- b. Baptismal name (if different from current name): _____
- c. Place of Baptism (name of church/denomination): _____
- d. Address, if known: _____
- e. Location, if known: _____
City/Town/County State/Province/Territory Country

3. If you were baptized as a Catholic, check those sacraments you have already received:
☐ Penance (Confession) ☐ Eucharist (First Communion) ☐ Confirmation



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III GENERAL QUESTION

1. What or who has led you to want to know more about the Catholic Faith?

2. Please describe the types of religious education you have received, as a child and as an adult.

3. What contact have you had with the Catholic Church to date?

4. What are some of the questions or concerns you have about the Catholic Church?

5. At some point in time, which of the following statements best describes your present feelings and thoughts about the possibility of joining the Catholic Church? (please choose one)

- ☐ I need much more information about the catholic Church before I would consider joining.
- ☐ I am considering joining, but I am still unsure about it.
- ☐ I am fairly sure that I would like to join, but I still need some time to study and pray about it.
- ☐ I am fairly sure that I want to join the Catholic Church.

THIS SECTION IS TO BE COMPLETED BY THE STAFF MEMBER WHO REVIEWS THE FORM:

STAFF MEMBER INITIALS

DATE OF REVIEW