**ST. JOHN THE BAPTIST CATHOLIC CHURCH**

**Order of Christian Initiation of Adults (OCIA)**

**INITIAL INTERVIEW FORM**

***Section I (Basic Information)***

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| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Name:

Last First Middle

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Address:

Street City/State Zip Code

|  |  |  |  |
| --- | --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Contact:

Phone Number Email Occupation Work Phone

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Birth:

Date of Birth Place of Birth City State

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |

Parents:

Full name of Father Full Name (Maiden) of Mother

***Section II (Marital Status)***

Check one: Married  Single  Divorced  Divorced and Remarried  Widowed

If married, by whom were you married? Priest  Minister  Justice of the Peace

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| --- |
| Click or tap here to enter text. |

Engaged: Yes  No  Fiancé Name:

|  |
| --- |
| Click or tap here to enter text. |

When and where do you plan to be married?

|  |
| --- |
| Click or tap here to enter text. |

Full Name of Spouse:

|  |
| --- |
| Click or tap here to enter text. |

In what Church or Denomination were you married?

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| --- |
| Click or tap here to enter text. |

When were you married?

|  |
| --- |
| Click or tap here to enter text. |

Where were you married?

Was your spouse baptized in a Christian Faith? Yes  No

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| --- |
| Click or tap here to enter text. |

Religion of Spouse:

Were either of you married before you married each other? Yes  No

If Yes, please give details:

|  |
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| Click or tap here to enter text. |

***Section III (Baptism Status)***

Have you ever been Baptized? Yes  No

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| --- |
| Click or tap here to enter text. |

If Yes, When:

|  |
| --- |
| Click or tap here to enter text. |

Where:

|  |
| --- |
| Click or tap here to enter text. |

What denomination?

Do you have a copy of your Baptism Record? Yes  No

If Yes, would you bring us a copy? Yes  No

**Section IV (Faith)**

How actively did you practice your faith, go to church, etc?

|  |
| --- |
| Click or tap here to enter text. |

What interest you in becoming a Catholic or learning more about the Church?

|  |
| --- |
| Click or tap here to enter text. |