

\*OFFICE USE ONLY\*

CANDIDATE or CATECHUMEN

Sponsor \_\_\_\_\_

## OCIC - ORDER OF CHRISTIAN INITIATION OF CHILDREN

St. Alphonsus Catholic Church  
Greenwell Springs, LA  
Registration Form



STUDENT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	TODAY'S DATE
DATE OF BIRTH	AGE	PLACE OF BIRTH		<input type="radio"/> MALE <input type="radio"/> FEMALE	GRADE THIS FALL
FAMILY INFORMATION					
FATHER	FIRST NAME		LAST NAME		<input type="radio"/> MARRIED <input type="radio"/> DIVORCED
	ADDRESS				
	PHONE	EMAIL			
	RELIGION			DO YOU PRACTICE YOUR FAITH? <input type="radio"/> YES <input type="radio"/> NO	
MOTHER	FIRST NAME		LAST NAME		<input type="radio"/> MARRIED <input type="radio"/> DIVORCED
	ADDRESS				
	PHONE	EMAIL			
	RELIGION			DO YOU PRACTICE YOUR FAITH? <input type="radio"/> YES <input type="radio"/> NO	
STEP Or GAURDIAN	FIRST NAME		LAST NAME		<input type="radio"/> MARRIED <input type="radio"/> DIVORCED
	ADDRESS				
	PHONE	EMAIL			
	RELIGION			DO YOU PRACTICE YOUR FAITH? <input type="radio"/> YES <input type="radio"/> NO	
EMERGENCY CONTACT – NOT PARENT OR GUARDIAN					
NAME		RELATIONSHIP		PHONE	
MEDICAL INFORMATION FOR CHILD					
Does the child have an illness or allergy of which the office should be aware?					

CONTINUE ON BACK →

SACRAMENTAL INFORMATION			
<b>BAPTISM</b>  <i>If already baptized, baptismal certificate is required.</i>	DATE	NAME OF CHURCH	
	<input type="radio"/> YES, ALREADY BAPTIZED <input type="radio"/> NOT YET		LOCATION OF CHURCH
	GODMOTHER OR CHRISTIAN WITNESS		GODFATHER OR CHRISTIAN WITNESS
SACRAMENTAL INFORMATION			
<b>FIRST EUCHARIST</b>	DATE	NAME OF CHURCH	
	<input type="radio"/> YES <input type="radio"/> NOT YET		LOCATION OF CHURCH
SACRAMENTAL INFORMATION			
<b>CONFIRMATION</b>	DO YOU WISH TO BE CONFIRMED?	SPONSOR NAME	
	<input type="radio"/> YES  <input type="radio"/> NOT YET	EMAIL OF SPONSOR	PARISHIONER? <input type="radio"/> YES <input type="radio"/> NO  PHONE
ADDITIONAL FAMILY INFORMATION			
<b>HOUSEHOLD MEMBERS</b>	NAME	AGE	CURRENTLY IN OCIA?
			<input type="radio"/> YES <input type="radio"/> NO
			<input type="radio"/> YES <input type="radio"/> NO
			<input type="radio"/> YES <input type="radio"/> NO
			<input type="radio"/> YES <input type="radio"/> NO
			<input type="radio"/> YES <input type="radio"/> NO
<input type="radio"/> YES <input type="radio"/> NO	IS YOUR FAMILY REGISTERED IN ST. ALPHONSUS PARISH?		
<input type="radio"/> YES <input type="radio"/> NO	DOES CHILD ATTEND MASS AT ST. ALPHONSUS?		
NAME OF SCHOOL CURRENTLY ATTENDING			