



## St. Joseph Catholic Church/Mission San Jose

289 St. Joseph Terrace, or P.O. Box 3159, Fremont CA 94539

Family of Faith Office (510) 657-0905

## Order of Christian Initiation for Adults (OCIA)

[deaconbayless@saintjosephmsj.org](mailto:deaconbayless@saintjosephmsj.org) or [glichauco@saintjosephmsj.org](mailto:glichauco@saintjosephmsj.org)

### **Applicant Information:**

(Please print all the information clearly)

Name: (first, middle, last) \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: (city/state/country) \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Marital Status:**

Single \_\_\_\_\_ (never married) Married \_\_\_\_\_ Engaged \_\_\_\_\_

Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

If married:

Spouse's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

If engaged:

Fiancée's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Were you married by a Catholic Priest? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this your first marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, Name of previous spouse \_\_\_\_\_ Religion \_\_\_\_\_

### **I am seeking FULL INITIATION into the Catholic Church through:**

\_\_\_\_\_ 1) Baptism, including Eucharist and Confirmation (must be at least 18 years on date of Baptism).

\_\_\_\_\_ 2) I have been baptized in \_\_\_\_\_  
Denomination/Faith/Religion/Church, but I want to become a Catholic.

\_\_\_\_\_ 3) I have been baptized Catholic, but I need to make my First Eucharist and Confirmation, and I am and have been practicing my faith.

\_\_\_\_\_ 4) I have been baptized Catholic, but I need to make my First Eucharist and Confirmation, but I am NOT and have NOT been practicing my faith.

\_\_\_\_\_ 5) Other (please explain)

\_\_\_\_\_

\_\_\_\_\_

**If you checked #2, 3, or 4, please provide the following information AND a copy of your Baptismal Certificate.**

Date of Baptism: \_\_\_\_\_ Denomination:

\_\_\_\_\_

Church of Baptism:

\_\_\_\_\_

Have you been Confirmed? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please provide the following information AND a copy of your CONFIRMATION CERTIFICATE.**

Date of Confirmation: \_\_\_\_\_ Denomination:

\_\_\_\_\_

Church of Confirmation:

\_\_\_\_\_

**Parents Information:**

Father's Full Name: \_\_\_\_\_ Religion:

\_\_\_\_\_

Mother's Name (first & maiden) \_\_\_\_\_ Religion:

\_\_\_\_\_

**Sponsorship Information:**

Do you have a sponsor/godparent? Yes \_\_\_\_\_ No \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other Information: Describe any religious training/education: \_\_\_\_\_

\_\_\_\_\_