



## 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 Children (OCIC)

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The Order of Christian Initiation for Children (OCIC) is the process to prepare children for receiving the Sacraments of Baptism, Reconciliation and Eucharist if they have not been brought into the Catholic faith by Catholic Baptism as infants. This program is for children between the ages of seven and seventeen.

The program's goal is to help children understand the foundation and essential teachings of God and the Catholic Church through the Word of God (Bible), Church Traditions, the Sacraments, prayers, and other Church teachings. Through these classes, we hope to help them deepen their relationship with Jesus Christ, who truly loves and cares for them. In addition, we hope to gradually prepare them to enter the worship assembly (Mass) with a profound understanding and great joy of being a part of Body of Christ, the Church.

#### Candidate Information: (Print clearly)

Candidate's Name: (first, middle, last) \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

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

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

Mother's First & Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_

#### Baptism Information: (Print clearly)

Full Baptismal Name:(first/middle/last) \_\_\_\_\_

Name of Church: \_\_\_\_\_ Baptismal Date: \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Godparent's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

**NOTE: If baptized, attached a copy of your Baptismal Certificate.**

### **Holy Eucharist:**

Have you received the Sacrament of Eucharist? Yes \_\_\_\_\_ (complete below) No \_\_\_\_\_

Name of Church: \_\_\_\_\_ Date: \_\_\_\_\_

Full Address of Church: \_\_\_\_\_

Denomination: \_\_\_\_\_

### **Confirmation:**

Have you ever received the Sacrament of Confirmation? Yes \_\_\_\_\_ (complete below) No \_\_\_\_\_

Name of Church: \_\_\_\_\_ Date: \_\_\_\_\_

Full Address of Church: \_\_\_\_\_

Denomination: \_\_\_\_\_

### **Sponsor's Names:**

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

Sponsor/Godparent Names: \_\_\_\_\_

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

Sponsor/Godparents Names: \_\_\_\_\_

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