



ST. MARGARET, QUEEN OF SCOTLAND
ST. THOMAS CHAPEL • SPRINGFIELD

Post Office Box 100 • Albany, Louisiana 70711-0100



OCIA INTEREST FORM

We are excited that you are interested in the Catholic Church and learning more about our faith heritage! This Interest Form is used to help us to begin to understand your journey of faith. Please be as detailed as possible when completing this form. All information contained is strictly confidential.

DESCRIBE YOUR RELIGIOUS TRAINING AND OR EDUCATION:

WHY ARE YOU INTERESTED IN THE CATHOLIC CHURCH AT THIS TIME?

LIST ANY CATHOLIC ACQUAINTANCES, ESPECIALLY THOSE WHO SPARKED YOUR CURISOTY IN THE FAITH:

WHAT IS YOUR FAMILIARITY WITH THE CATHOLIC CHURCH?

WHAT DO YOU WANT TO KNOW ABOUT THE CATHOLIC CHURCH? WHAT DO YOU WANT TO LEARN MORE ABOUT?



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OCIA INFORMATION FORM

The information collected on this form is used to help ascertain a candidate's status in the Church and will be used upon their entry into full communion for the purposes of sacramental record keeping. Please be as thorough as possible when completing this form. All information is strictly confidential. Requested documents should also be attached.

GENERAL CONTACT INFORMATION

NAME: _____
Last (Maiden) First Middle

MAILING ADDRESS: _____

City State Zip Code

EMAIL: _____ PHONE: _____

GENERAL STATISTICAL INFORMATION

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Month, Date, Year City and State

FATHER'S NAME: _____
Last First Middle

MOTHER'S NAME: _____
Last (Maiden Name) First Middle

BAPTISM INFORMATION

HAVE YOU BEEN BAPTIZED USING THE TRINITARIAN FORMULA?

YES NO

*If yes, answer the following questions; a certified copy of your baptism certificate must also be submitted.
If no, skip this section:*

Name of Church & Denomination: _____
Name of Church Denomination

City and State Where Located: _____
City State

Date of Baptism: _____
Month, Date, Year

Baptismal Sponsors/Godparents: _____
Last First Middle

Minister of Baptism:

SACRAMENTAL INFORMATION

HAVE YOU EVER RECEIVED THE SACRAMENT OF RECONCILIATION IN THE CATHOLIC CHURCH? YES NO

HAVE YOU EVER RECEIVED THE SACRAMENT OF THE EUCHARIST IN THE CATHOLIC CHURCH? YES NO

If yes, answer the following questions; if no, skip this section:

Name of Church: _____
Name of Church

City and State Where Located: _____
City State

Date of First Eucharist: _____
Month, Date, Year

Minister of Eucharist: _____
Last Title & First Middle

Age When Receiving the Sacrament: _____
Age in Years

MARITAL INFORMATION

ARE YOU PRESENTLY MARRIED? YES NO

If yes, answer the following questions; a certified copy of your marriage certificate must also be attached. If no, skip this section:

Name of Spouse: _____
Last (Maiden) First Middle

Date of Wedding Ceremony: _____
Month, Date, Year

Name of Church & Denomination: _____
Name of Church Denomination

City and State Where Located:

City

State

WERE YOU EVER MARRIED IN ANY WAY OR FORM, CIVILLY, CANONICALLY OR OTHERWISE? YES NO

If yes, answer the following questions for EACH marriage; a certified copy of your marriage certificate must also be attached. If no, skip this section:

Name of Spouse:

Last (Maiden)

First

Middle

Date of Wedding Ceremony:

Month, Date, Year

Name of Church & Denomination:

Name of Church

Denomination

City and State Where Located:

City

State

HOW DID THE MARRIAGE END?

Death

Civil Divorce

Annulment

If previously married, a certified copy of the former spouse's death certificate, or civil divorce decree (and, if applicable) the ecclesiastical annulment decree should be submitted. Use Appendix A for each additional marriage.

IF CURRENTLY MARRIED, WAS YOUR CURRENT SPOUSE EVER MARRIED TO ANYONE BEFORE, CIVILLY, CANONICALLY OR OTHERWISE? YES NO

If yes, answer the following questions for EACH marriage; a certified copy of your spouse's marriage certificate must also be attached. If no, skip this section:

Name of His/Her Spouse:

Last (Maiden)

First

Middle

Date of Wedding Ceremony:

Month, Date, Year

Name of Church & Denomination:

Name of Church

Denomination

City and State Where Located:

City

State

HOW DID THE MARRIAGE END?

Death

Civil Divorce

Annulment

If previously married, a certified copy of the former spouse's death certificate, or civil divorce decree (and, if applicable) the ecclesiastical annulment decree should be submitted. Use Appendix B for each additional marriage.

IF YOU ARE NOT MARRIED, DO YOU HAVE PLANS TO BE MARRIED?

YES NO

If yes, answer the following questions; if no, skip this section:

Name of Proposed Spouse:

Last (Maiden)

First

Middle

Date of Proposed Ceremony:

Month, Date, Year

Name of Church & Denomination:

Name of Church

Denomination

City and State Where Located:

City

State

IF MARRIED, WAS YOUR SPOUSE EVER BAPTIZED?

YES

NO

If yes, answer the following questions; if no, skip this section:

Date of Baptism:

Month, Date, Year

Name of Church & Denomination:

Name of Church

Denomination

CHILDREN

DO YOU HAVE ANY CHILDREN?

YES

NO

If yes, answer the following questions; if no, skip this section. Please fill out this section for all biological and adopted children. Use Appendix C for each additional child.

Child's Name:

Last

First

Middle

Child's Birthdate:

Month, Date, Year

School Name:

Name of School

Is the child baptized?

YES

NO

Has the child received First Reconciliation?

YES

NO

Has the child received First Eucharist?

YES

NO

Has the child received Confirmation?

YES

NO

IF YOU HAVE ANSWERED "NO" TO ANY OF THE ABOVE QUESTIONS, ARE YOU INTERESTED IN HAVING YOUR CHILD PARTICIPATE IN THE FAITH FORMATION COMPONENT OF OUR PARISH?

YES

NO



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OCIA INFORMATION FORM APPENDIX A

Please complete this form for every other marriage that you ever contracted, civilly, canonically, or otherwise.

Name of Spouse:

Last (Maiden)

First

Middle

Date of Wedding Ceremony:

Month, Date, Year

Name of Church & Denomination:

Name of Church

Denomination

City and State Where Located:

City

State

HOW DID THE MARRIAGE END?

Death

Civil Divorce

Annulment

If previously married, a certified copy of the former spouse's death certificate, or civil divorce decree (and, if applicable) the ecclesiastical annulment decree should be submitted. Also, a certified copy of the wedding certificate should also be attached.



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OCIA INFORMATION FORM APPENDIX B

Please complete this form for every other marriage that your spouse ever contracted, civilly, canonically, or otherwise.

Name of His/Her Spouse:

Last (Maiden)

First

Middle

Date of Wedding Ceremony:

Month, Date, Year

Name of Church & Denomination:

Name of Church

Denomination

City and State Where Located:

City

State

HOW DID THE MARRIAGE END?

Death

Civil Divorce

Annulment

If previously married, a certified copy of the former spouse's death certificate, or civil divorce decree (and, if applicable) the ecclesiastical annulment decree should be submitted. Also, a certified copy of the wedding certificate should also be attached.



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OCIA INFORMATION FORM APPENDIX C

Please complete this form for each of your biological and adopted children.

Child's Name:

Last

First

Middle

Child's Birthdate:

Month, Date, Year

School Name:

Name of School

Is the child baptized?

YES

NO

Has the child received First Reconciliation?

YES

NO

Has the child received First Eucharist?

YES

NO

Has the child received Confirmation?

YES

NO

IF YOU HAVE ANSWERED "NO" TO ANY OF THE ABOVE QUESTIONS, ARE YOU INTERESTED IN HAVING YOUR CHILD PARTICIPATE IN THE FAITH FORMATION COMPONENT OF OUR PARISH?

YES

NO



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SPONSOR ELIGIBILITY FORM

For Baptism, Confirmation, and OCIA

Please print all information on this top portion of the document. The sponsor's signature is required at the appropriate place. Return this form to St. Margaret by mail or fax by the specified due date.

NAME OF SPONSOR: _____

ADDRESS OF SPONSOR: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

NAME & ADDRESS OF CATHOLIC CHURCH WHERE THE SPONSOR IS REGISTERED:

As a sponsor for _____, I declare that I am at least 16 years of age, and I am a baptized Catholic who has completed my initiation in the Catholic Church through the Sacrament of Confirmation. I am a registered, active and supporting member of the Catholic Parish stated above.

I believe what the Catholic Church teaches and I make a serious effort to live my life according to the Gospel and worthy of imitation by the person I am sponsoring. I realize the great honor and responsibility placed on me before God and the Church in serving as a sponsor. I intend to encourage and support the person I am sponsoring in the practice of the Catholic faith by my word and example.

Signature of Sponsor



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SPONSOR ELIGIBILITY FORM

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Please print all information on this top portion of the document. The sponsor's signature is required at the appropriate place. The sponsor must have this document signed by a priest in the parish where he/she is registered and attends Sunday Eucharist regularly. Return this form to St. Margaret by mail or fax by the specified due date.

NAME OF SPONSOR: _____

ADDRESS OF SPONSOR: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

NAME & ADDRESS OF CATHOLIC CHURCH WHERE THE SPONSOR IS REGISTERED:

CHURCH NAME	ADDRESS	CITY	STATE	ZIP CODE

As a sponsor for _____, I declare that I am at least 16 years of age, and I am a baptized Catholic who has completed my initiation in the Catholic Church through the Sacrament of Confirmation. I am a registered, active and supporting member of the Catholic Parish stated above.

I believe what the Catholic Church teaches and I make a serious effort to live my life according to the Gospel and worthy of imitation by the person I am sponsoring. I realize the great honor and responsibility placed on me before God and the Church in serving as a sponsor. I intend to encourage and support the person I am sponsoring in the practice of the Catholic faith by my word and example.

Signature of Sponsor

*This section is to be completed by the priest where the sponsor is registered and attends mass. **Please also affix the parish seal on this document.** Feel free to include additional remarks on the back of this page.*

Signature of Catholic Priest: _____

Name of Church Parish: _____

Date: _____

