



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

Post Office Box 100 • Albany, Louisiana 70711-0100



OCIC 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

Last

First

Middle

Minister of Baptism:

Last

First

Middle

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



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Post Office Box 100 • Albany, Louisiana 70711-0100 • 225.567.3573

SPONSOR ELIGIBILITY FORM

For Baptism, Confirmation, and OCIC

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
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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: _____

