



ST. BONAVENTURE CATHOLIC COMMUNITY
Adult Confirmation or OCIA Form

Date: _____

PERSONAL INFORMATION

I would like to enroll in:			
<input type="checkbox"/> OCIA (Need one or more: Baptism, First Communion, Confirmation) <input type="checkbox"/> Adult Confirmation (Only need Confirmation)			
First Name:		Current Last Name:	
Last Name if different from birth certificate:		Country of Birth:	Date of Birth:
		Current age:	
Address:		City:	State:
Telephone Number:		Zip Code:	
Email:			
Father's First Name:		Father's Last Name:	
Mother's First Name:	Mother's Maiden Name:		Mother's Last Name:

BAPTISMAL INFORMATION

Date of Baptism:	Country of Baptism:
Name of Baptismal Church:	Address of Baptismal Church:
Godfather's First Name:	Godfather's Last Name:
Godmother's First Name:	Godmother's Last Name:

FIRST COMMUNION INFORMATION

Date of First Communion:	Country of First Communion:
Name of First Communion Church:	Address of First Communion Church:

CONFIRMATION *(For the Sacrament of Confirmation applicants)*

Sponsor's Name:		Sponsor's phone number:
Sponsor's email:	Confirmation Saint's name:	What age will you be when you receive Confirmation?

BRING THE FOLLOWING DOCUMENTS AT REGISTRATION

REQUIRED	<input type="checkbox"/> I have provided a copy of my birth certificate <input type="checkbox"/> I have provided a copy of my Baptismal certificate <input type="checkbox"/> I have provided a copy of my First Communion certificate <input type="checkbox"/> I have provided a copy of all the paperwork related to my marital status <input type="checkbox"/> Costs associated with sacramental preparation: <input type="checkbox"/> OCIA \$100 <input type="checkbox"/> Adult Confirmation \$50
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MY COMMITMENT *(For the Sacrament of Confirmation applicants)*

COMMITMET	<input type="checkbox"/> I will partake in Sacrament of Reconciliation (Confession) at the earliest convenience <input type="checkbox"/> I will attend Mass at St. Bonaventure every Sunday <input type="checkbox"/> I will select a Saint's name by the third week of classes <input type="checkbox"/> I will bring the Sponsor Form filled out and signed back by the 3 rd week.
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MARITAL STATUS

<input type="checkbox"/> I have never been married	
PLANNING TO MARRY	<input type="checkbox"/> Your fiancé(e)'s name: _____ Your fiancé(e)'s current religious affiliation (if any): _____ For you: <input type="checkbox"/> This is my first marriage <input type="checkbox"/> I have been married before <i>State number of previous marriages</i> _____ For your fiancé(e): <input type="checkbox"/> This is his/her first marriage <input type="checkbox"/> My fiancé(e) has been married before <i>State number of previous marriages</i> _____
MARRIED	I am married Name of spouse: _____ Spouse's current religious affiliation (if any): _____ For you: <input type="checkbox"/> This is my first marriage <input type="checkbox"/> I have been married before <i>State number of previous marriages</i> _____ For your spouse: <input type="checkbox"/> This is my spouse's first marriage <input type="checkbox"/> My spouse has been married before <i>State number of previous marriages</i> _____ Date of Marriage: _____ Place of Marriage (name and address): _____ Officiating Authority of Marriage: Priest <input type="checkbox"/> Minister <input type="checkbox"/> Civil Authority <input type="checkbox"/>
Questions regarding ALL previous marriages, civil or other denominations: To whom? _____ When? _____ Where? _____ Before? Priest <input type="checkbox"/> Minister <input type="checkbox"/> Civil Official <input type="checkbox"/> (If a Catholic declaration of nullity has been granted, the priest/deacon will note here the name of granting Tribunal and the date.) _____ *If no declaration of nullity has been issued, such must be obtained before any further plans for marriage may continue.	
<input type="checkbox"/> I am married, but separated from my spouse	
<input type="checkbox"/> I am divorced and I have not remarried	
<input type="checkbox"/> I am divorced and I have remarried	
<input type="checkbox"/> I am a widow/widower and have not remarried since my spouse's death	

GENERAL QUESTIONS

What or who has led you to want to know more about the Catholic Faith to complete your Sacraments?

Please describe any religious education you may have received, as a child and/or as an adult.

What contact have you had with the Catholic Church to date?

What are some of the questions or concerns do you hope to have answered through this process?

☐ By signing below, I accept the terms and conditions required for Sacramental Preparation

Signature: _____ Printed Name: _____ Date: _____