

O.C.I.A. Registration

Please complete and return to Karen Dietz at the address below, in the collection basket to the attention of Karen, or to the parish office. Thank you!

Name (full)		
Address		
	City:	State: Zip:
Phone	Cell:	Home/ work:
E-mail		
Date of Birth		
or Holy Comi	munion).	ing some of my Sacraments (e.g., I have not received Confirmation e to learn more about my faith.
Sacrament	Y/N]
Baptism		
Eucharist		
Confirmation		
Marriage		
If desired, please	e tell us about yo	ur faith journey:
Signature		Date