IMMACULATE CONCEPTION
CATHOLIC CHURCH & SCHOOL
709 FRANKLIN STREET
CLARKSVILLE, TENNESSEE 37040-3347
Phone 931-645-6275 Fax: 931-552-0331

**O.C.I.A. CANDIDATE INFORMATION (please print legibly)**
***Information on this form is held in confidence and is not shared without your permission.***

**Date:**_____

Name: First: _____ Middle:_____ Last:_____

Maiden Name (if applicable):_____

Date of Birth: _____ Age: _____

Place of Birth: _____

***Locality*** *(include town, city, country, etc.* ***Region*** *(state, province, territory, etc.) and country.*

Mother' Name_____ (maiden)_____

Father's Name_____

## CONTACT INFORMATION

Current Address: _____

_____

(*Street, Apartment #, City, State, Zip*)

Phone:(daytime)_____ (Evening/Weekend)_____

(cell/other)_____ Occupation: _____

(e-mail): _____

## RELIGIOUS HISTORY

1. Have you ever been baptized: ☐ Yes ☐ No ☐ I am not sure
   a. In what denomination were you baptized?_____
   b. Date or approximate age when you were baptized? _____
   c. Place of Baptism (name of church/denomination): _____
   d. Address, if known: _____
2. **If you were baptized as a Catholic, check those sacraments you have already received**:

   ☐ Penance (Confession) ☐ Eucharist (First Communion) ☐ Confirmation

## CURRENT MARITAL STATUS

***Check the appropriate statement (s) below and provide any information requested for each statement.***

☐ 1. I have never been married.

☐ 2. I am engaged to be married.

(a) Your Fiancé(e)'s Name:_____

(b) Your Fiancé(e)'s Current Religious affiliation (if any) _____

(c) For you: ☐ This is my first marriage. ☐ I have been married before.

(d) For your fiancé(e): ☐This is his/her first marriage. ☐ My fiancé(e) has been married before.

☐ 3. I am married.

(a) Your Spouse's Name: _____

(b) Your Spouse's Current religious Affiliation (if any) _____

(c) For you: ☐ This is my first marriage. ☐ I have been married before.

(d) For your spouse: ☐ This is my spouse's first marriage. ☐ My spouse has been married before.

(e) Date of Marriage: _____

(f) Place of Marriage: _____

(include **locality** (town, county, etc.) **region** (state, province, territory, etc.) and **country**)

(g) Officiating Authority of Marriage: _____

(civil government, non-Christian minister, Christian minister, Catholic cleric)

☐ 4. I am married, but separated from my spouse.

☐ 5. I am divorced and I have not remarried.

☐ 6. I am a widow/widower and have not remarried since my spouse's death.

## FAMILY INFORMATION

Do you have children? ☐ Yes ☐ No

If Yes, what are the age(s) of your child(ren): _____

## SPONSOR INFORMATION

If you have selected your OCIA sponsor, please provide your sponsor's name (your **sponsor must** be a confirmed Catholic in good standing with the Church and may not be your spouse, parent, or significant other). If you do not have a sponsor, there are many volunteers from the Church community who will be happy to be **your** sponsor.

Name: _____ Phone: _____

Email: _____