OCIA

ASCENSION CATHOLIC CHURCH
Bastrop, Texas

Ascension Catholic Church

905 Water, Bastrop, Texas 512-308-1416

OCIA Registration Form 2025-2026

Classes ◯ Espanol ◯ English

First Name:_____ **Middle Name**:_____

Last Name:_____ **Maiden Name (if applicable)**:_____

Date of Birth:_____ **Age:**_____

Place of Birth (town/city, state, and country):_____

Name of Father:_____

Name of Mother (maiden name):_____

CONTACT INFORMATION

Address:_____

City:_____ **State**:_____ **Zip**:_____

Home Phone:_____ **Cell**:_____

E-mail Address:_____ **Occupation**:_____

RELIGIOUS HISTORY

Which Sacraments are you needing to receive in the Catholic Church:

☐**Baptism** ☐**Eucharist (First Communion)** ☐**Confirmation**

Are you baptized? ☐ **Yes** ☐ **No**

If yes, what is the denomination and name of the Church:

_____

(name of Church, city and state)

_____

(denomination)

CURRENT MARITAL STATUS

Check the appropriate statement(s) below and provide information requested beneath each statement.

1. **☐I have never been married**
2. **☐ I am currently cohabiting/living with my partner**
3. **☐I am engaged to be married**

   (a) Your Fiancé's Name:_____

   (b) Your Fiancé's Current Religion (if any):_____

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

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

   (a) Your Spouse's Name:_____

   (b) Your Spouse's Current Religion (if any):_____

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

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

   (e) Date of Marriage:_____

   (f) Place of Marriage:_____

   (g) Officiating Authority of Marriage:_____
5. **☐ I am married, but separated from my spouse**
6. **☐ I am divorced and I have not remarried**
7. **☐ I am a widow/widower and have not remarried since my spouse's death**

FAMILY INFORMATION

List the name (s) of any children or other dependents.

Relationship: _____ **Name:** _____ **Age:** _____

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Relationship: _____ **Name:** _____ **Age:** _____

GENERAL QUESTIONS

1. **What or who has led you to want to know more about the Catholic Faith?**

_____

_____

2. **Do you attend Mass?**

_____

_____

3. **How is your spiritual life, are you comfortable praying?**

_____

_____

4. **Do you have questions or concerns about completing your sacraments of initiation or becoming Catholic?**

_____

_____

_____

_____

5. **Is there anything we can do to help you to continue to grow stronger in your faith?**

_____

_____

6. **Have you considered joining in a ministry? If so which one(s)?**

_____

_____