



Mary, Queen of Heaven – OCIA Registration & Candidate Information:

Name: _____
(First) (Middle Name) (Last Name) (Maiden Name)

Address: _____
Street Address City State Zip

Telephone: _____
(Home) (Work/Cell) (E-mail)

Parents: _____
(Father-First) (Middle) (Last) (Mother-First) (Middle) (Maiden) (Last)

Have you been baptized in any Church or religion? Y N

If “yes,” what church?

(Name of Church) (Address)

Why have you decided to enroll in OCIA?

Do you have any children: Y N

Names of children: _____

Are your children baptized: Y N

If “Yes” what denomination? _____

If “not baptized” do you intend to have them baptized “Catholic”? Y N

Marriage Information:

Are you: Single Married Divorced Divorced & Remarried Widow/Widower

Name of your spouse: _____
(first) (middle) (last)

Is he/she Catholic? Y N If “no” is he/she interested in becoming Catholic? Y N

Is this your first marriage? Y N If “no” how many times have you been married? _____

Is your former spouse deceased? Y N

Is this the first marriage of your present spouse? Y N If “no” how many times? _____

Is his/her formal spouse deceased? Y N

Please return form to kleisinger@mqhparish.com or fax to 859-525-7067