OCIC Information Form

Sacred Heart Catholic Church – Pinellas Park, Florida

Personal Information of the Child

Full Name: _____

Address: _____

Phone: (*Home*) _____ (*Cell of Parent*) _____

Date of Birth: _____ **Location (*City/State*):** _____

Father's Name: _____ **Religion:** _____

Mother's Name (*Maiden*): _____ **Religion:** _____

Contact Email Address: _____

Registration: ☐ **$50 one child** ☐ **$90 two or more children** **Paid:** ☐ **Cash** ☐ **Check #**_____

Family Information

Are the Parents Baptized? **Father:** ☐ Yes ☐ No **Mother:** ☐ Yes ☐ No

Are the Parents Married? ☐ Yes ☐ No **If yes, by a Catholic Priest?** ☐ Yes ☐ No

Date of Marriage: _____ **Place:** _____

Church Name: _____

Church Address: _____

Other Brothers / Sisters' Full Name(s)	Age	Baptized?	Denomination
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

The Child's Religious Formation

Has the Child been Baptized? ☐ Yes ☐ No **Denomination:** _____ **Date:** _____

Church Name: _____

Church Address: _____

Has the Child received the First Holy Communion? ☐ Yes ☐ No

When? _____

Where? _____

OCIC Questionnaire

YOUR RELIGIOUS BACKGROUND
How would you describe your particular practice of faith when you were growing up at home?
How would you describe your particular practice of faith after living on your own?
How would you describe your relationship with God now?
What is your general view of religion and its place in life?

YOUR REASON FOR INQUIRING
Who or what draws you to the Catholic Church at this time?
What has your association been to Sacred Heart or another Catholic parish?
What specific questions or concerns do you have about the Catholic Church?

OCIC Information Form Instructions

1. Please complete the OCIC Information Form, pages 1 and 2. The remaining page is for Office Use only.

2. Please fill out the form as completely as possible, providing as much detail as is feasible.
   a. For all names, please provide *First, Middle,* then *Family Name* (Do **NOT** use initials). If additional space is needed, please use the space below to complete this form.
   b. For the names of children, please include the family name *especially* if it is different than yours.
   c. For all dates, please provide the *Month / Day / Year* in that format.

3. Return this completed form along with all documentation you can acquire for the child's Baptism, Sponsor Certificates, etc. to the Parish Office in person or through the mail:

   Sacred Heart Catholic Church
   7809 46th Way N.
   Pinellas Park, FL 33781

4. If you have any questions, please contact the Parish Secretary at **(727) 541-4447**.

ADDITIONAL SPACE IF NECESSARY

Father's Name: _____

Mother's Name (*Maiden*): _____

Other Brothers / Sisters' Full Name: _____

Other Brothers / Sisters' Full Name: _____

Other Brothers / Sisters' Full Name: _____

Other Brothers / Sisters' Full Name: _____

Other: _____

_____

_____

_____

*** OCIC Information Form – Parish Use ***

The following is for **Office Use**. You **DO NOT** need to complete this information.

Catechumen ☐ **Candidate** ☐

Baptism Certificate Received? ☐ Yes

Additional Notes: _____

_____

_____

Sponsor: _____

Sponsor Church: _____

Church Address: _____

Sponsor Certification Received? ☐ Yes

Confirmation Saint Name: _____

Interviews Attended? ☐ Yes ☐ No

Additional Notes: _____

_____

_____

Completed the RCIA Program? ☐ Yes ☐ No

Additional Notes: _____

_____

_____

Comments: _____

_____

_____