



PRINCE OF PEACE CATHOLIC PARISH
12800 NW 6 Street, Miami. Fla 33182
Phone number: (305)559-3171
Fax: (305)559-3172

RELIGIOUS EDUCATION FOR ADULTS. - OCIA

Date: _____ **Day:** Thursday **Time:** 8:00 pm. **Donation:** \$50.00

Name: _____ Age: ____ Class: Eng ____ Spa. ____
Date of birth: _____ Place (town, city, country): _____
Address: _____ Zip Code: _____
Phone#: Home: _____ Work: _____ Celular: _____
E-mail: _____ Occupation: _____

Father's name: _____

Mother's name /maiden name: _____

Have you received adult religious education before: Yes: _____ No: _____

Have you participated in the OCIA program before: Yes _____ No: _____

Are you baptized in the catholic faith: Yes _____ No _____

Church's name: _____

(Town, City, Country)

God-parents' names: _____

Baptized in another religion: Which one? _____

(no baptized, you must bring a copy of the birth certificate)

(baptized, you must bring a copy of your baptismal certificate)

Have you received your First Communion? Yes ____ No ____ Where: _____

Confirmation: Yes ____ No: _____

Sponsor for Confirmation: Name: _____

Address and phone# _____

(sponsors must be active catholics and must have received all sacraments(baptism, communion and confirmation) Parents can not be sponsors. (Canon law# 874)

Marital Status:

Single: _____ Married: _____ Divorced: _____ Widowed: _____

Spouse name: _____

Have you been married before? Yes: _____ No _____

Married in the Catholic Church? Yes _____ No _____

Where: (church's name and address) _____

in another religion? Yes ____ No ____ Which one _____

Civilly married? Yes _____ No _____

Mass attendance:

Weekly: _____ Sometimes: _____ Never: _____

Office use: Baptismal certificate: Yes ____ No ____ Birth certificate: Yes ____ No ____

Recorded: Yes ____ No ____

Notification: _____