Church of The Good Shepherd

3200 Harbor Street Pittsburg, CA 94565
(925) 432-6404 x21

Adult Confirmation or OCIA Form

Please return with documents to: Klarisse@goodshepherdpittsburg.org

Date: _____

Name
First: _____Middle: _____ Last:_____
Maiden name (if applicable):_____ Date of Birth: _____
Age: _____ Sex:_____ Place of Birth:_____
(city, state, country)

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Contact Information:

Mailing Address:_____
City:_____ Zip: _____
Cell: _____
Email:_____
Best way to contact you: _____
Are you registered in a parish? Yes____ No____ Parish Name & City: _____

Religious History

Have you been baptized? Yes____ No ____ Not sure____

If yes, What denomination?_____
Date or approximate age?_____
Name of Church:_____
Location:_____
(city, state, country)

Can you obtain a certifcate?_____

If you were baptized in the Catholic Church, what sacraments have you already received?
Reconciliation/Penance____ First Communion____ Confirmation____

Marital Status

Never married____ Engaged____ Married____
Married, but separated____ Divorced, not remarried____ Widowed, not remarried____

If Engaged:

Have you set a date? Yes____ No____ When & Where?_____

Is this your first marriage? Yes____ No____

If no: Annulment started? Yes____ No____ Annulment granted? Yes____ No____

If this your fiancé's first marriage? Yes____ No____

If no: Annulment started? Yes____ No____ Annulment granted? Yes____ No____

Fiancé's name:_____

Fiancé's current religious affiliation (if any):_____

If Married:

Spouse's Name:_____

Current religious affiliation:_____

Date of Marriage:_____ Place of marriage:_____
(city, state, country)

Officiant: Civil____ Christian Minister____ Non-Christian Clergy____ Catholic Clergy____

Denomination (if non-Catholic minister):_____

Location of ceremony:_____

If this your first marriage? Yes____ No____

If no, previous spouse alive? Yes____ No____ Annulment started? Yes____ No____

Annulment granted? Yes____ No____ Date:_____

Current spouse married before? Yes____ No____

If yes, is their previous spouse alive? Yes____ No____

Annulment started: Yes____ No____ Annulment granted: Yes____ No____

Date started:_____ Date granted:_____

If Divorced and Not Remarried:

(an annulment is NOT required for a divorced person who does not plan to re-marry)

Annulment started: Yes____ No____ Annulment granted: Yes____ No____

Tell us about why you are seeking to learn more about the Catholic Faith:

_____

_____

_____

_____

_____

Note: We meet every Monday evening from 7:00 to 8:30/9pm. Your participation each week is essential, so be sure if there is any conflict you discuss with the OCIA Coordinator.

Be aware that 3 or more missed sessions will require a review of your commitment at this time, to continue. Missing sessions will cause an incomplete understanding of the Catholic Faith.

Applicant Signature:_____ Date:_____

Office Use Only:

Birth Certificate: Yes / No Bap. Cert: Yes / No FHC Cert: Yes / No

$150 Tuition: Yes / No Method: Cash Card Check

Logged By:_____ Date Logged:_____