

**OCIA: ORDER OF CHRISTIAN INITIATION OF ADULTS**  
**REGISTRATION FORM**  
*(PLEASE PRINT CLEARLY)*

**Church of the Visitacion**  
**San Francisco, CA**

Name: \_\_\_\_\_ [\_\_\_\_\_]   
 (First) (Middle) (Last) (Maiden)

Home Address: \_\_\_\_\_   
 (Street) (City) (Zip)

Phone: \_\_\_\_\_   
 (Home) (Cell) (Work)

Email Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ City and State: \_\_\_\_\_

Father's full name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's full name: \_\_\_\_\_ Religion: \_\_\_\_\_

Have you been baptized? No \_\_\_\_\_ Yes \_\_\_\_\_

If baptized, what denomination? \_\_\_\_\_

If baptized, what date? \_\_\_\_\_

If baptized, what church? \_\_\_\_\_

\_\_\_\_\_   
 (Address) (City) (State)

If baptized, have you received First Communion? No \_\_\_\_\_ Yes \_\_\_\_\_

What is your marital status?

- ☐ Single - Never married; no ceremony of any kind *(no need to do second page of form)*
- ☐ Married and living with my spouse *(please continue to second page of form)*
- ☐ Married but separated from spouse *(please continue to second page of form)*
- ☐ Divorced *(please continue to second page of form)*
- ☐ Widowed *(please continue to second page of form)*

Spouse's Name: \_\_\_\_\_ [\_\_\_\_\_]   
 (First) (Middle) (Last) (Maiden)

Is spouse baptized? No \_\_\_\_\_ Yes \_\_\_\_\_ What denomination? \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Civil Ceremony: \_\_\_\_\_ Religious Ceremony: \_\_\_\_\_

If Religious Ceremony, what denomination? \_\_\_\_\_

What church/venue? \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

**If your current spouse has ever been married in any type of ceremony other than to you, please complete the section below regarding prior spouse(s).**

Name of your Spouse's Former Spouse:

\_\_\_\_\_ Marriage ended by Death: \_\_\_\_ or Dissolution: \_\_\_\_   
 (First) (Last) (Maiden)

Civil Ceremony: \_\_\_\_\_ Religious Ceremony: \_\_\_\_\_ Church: \_\_\_\_\_

\_\_\_\_\_ Marriage ended by Death: \_\_\_\_ or Dissolution: \_\_\_\_   
 (First) (Last) (Maiden)

Civil Ceremony: \_\_\_\_\_ Religious Ceremony: \_\_\_\_\_ Church: \_\_\_\_\_

**If you have ever been married in any type of ceremony to anyone other than your current spouse, please complete the section below regarding prior spouse(s).**

Name of your Former Spouse:

\_\_\_\_\_ Marriage ended by Death: \_\_\_\_ or Dissolution: \_\_\_\_   
 (First) (Last) (Maiden)

Civil Ceremony: \_\_\_\_\_ Religious Ceremony: \_\_\_\_\_ Church: \_\_\_\_\_

\_\_\_\_\_ Marriage ended by Death: \_\_\_\_ or Dissolution: \_\_\_\_   
 (First) (Last) (Maiden)

Civil Ceremony: \_\_\_\_\_ Religious Ceremony: \_\_\_\_\_ Church: \_\_\_\_\_

If you have questions or are having difficulty completing this form, please contact the Parish Office at (415) 494-5517 x 3 and we will assist you.