OUR LADY OF VICTORY ROMAN CATHOLIC CHURCH
OCIA SPONSOR FORM 2024-2025

(Please print.)

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET

_____
CITY STATE ZIP

CELL NUMBER: _____

EMAIL: _____ **DATE OF BIRTH:** _____

OCCUPATION: _____ **PLACE OF EMPLOYMENT:** _____

ARE YOU A PRACTICING CATHOLIC? _____ **NAME OF YOUR PARISH**: _____

ADDRESS: _____

NAME OF PRECIDING PASTOR: _____

SACRAMENTS

BAPTISM: _____
NAME OF CHURCH CITY, STATE DATE OR YEAR

EUCHARIST: _____
NAME OF CHURCH CITY, STATE DATE OR YEAR

CONFIRMATION: _____
NAME OF CHURCH CITY, STATE DATE OR YEAR

MATRIMONY: _____
NAME OF CHURCH CITY, STATE DATE OR YEAR

DIVORCED: _____ _____
DATE CITY, STATE

ANNULMENT: _____ _____
DATE TRIBUNAL REPRESENTATIVE (CITY, STATE)

DO YOU HAVE A SPECIFIC INQUIRER IN MIND THAT YOU WISH TO SPONSOR? YES _____ **NO** _____

IF "YES," WHAT IS THE NAME OF THE INQUIRER YOU WOULD LIKE TO SPONSOR? _____

IF "YES," WHAT IS YOUR RELATIONSHIP TO THE INQUIRER? _____

WHY DID YOU DECIDE TO BECOME AN OCIA SPONSOR? _____

_____

DO YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THE OCIA PROCESS?

_____

_____

_____