St. Jude Catholic Church - Tequesta (OCIA)

Confidential Application & Information Sheet [rev 3-2023]

First name:	Last:	Middle:	(Maiden):		
Contact Info:	(PLEASE PRINT A	ALL INFORMATION L	<u>EGIBLY)</u>		
Street address:					
City/State/zip:					
	cell:				
Father's <u>full</u> name:			Father's religion:		
Mother's FULL MAIDEN NAME:			Mother's religion:		
was born in:(city, state, zip)			on:(mm/dd/yyyy)		
Sacraments and no	tations (if applicable):				
I was Baptized (Yes	/No):on: (mm/c	ld/yyyy)			
At (Name of Church):	(Denominat	(Denomination of Church):		
Church Address (city	y, state, zip):				
by (priest/pastor ful	l name):				
Additional Sacram	ents and notations (if you	are baptized Catholic):			
received First Holy Communion (Yes/No):			on: (mm/dd/yyyy)		
			on: (mm/dd/yyyy)		
YesNo (if no	ne who is in full communion, we will help you find on	ee)			
Member of:		Catholic parish in	city	_ state	
I am not mar I am married	*	I have never I have been i	been married married before**		
* Spouse or fiance'	s name:		Religion:		
Street Address:					
City:	State:	ZIP: P	hone:		
My spouse (or propo	osed fiance') has had one (or more) previous marriag	e(s): (Yes/No):		
F EITHER YOU O	R YOUR CURRENT SPC	OUSE ARE CATHOLIC, V	WERE YOU MARRIED I	N THE	
CATHOLIC CHUR	CH? YES NO (pleas	se circle one)			
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**VERY IMPORTANT: If you (or your spouse/ fiancé) has had a previous marriage (s), please schedule an appointment with one of our priests or deacons, at the EARLIEST OPPORTUNITY so that we can assist you with any marital impediments and expedite the process. These matters could impact your ability to receive sacraments in a timely manner.