

St. Jerome OCIA Program

Order of Christian Initiation of Adults

Please complete this form and return it to *The Church of St. Jerome*.

Name of Candidate: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Candidate Birthdate:** __/__/____

Email Address: _____

Date of Baptism: __/__/____ **Place of Baptism** _____