



ST. GREGORY THE GREAT
CATHOLIC CHURCH | VIRGINIA BEACH

OCIA Adapted for Children Form

Child's Full Name _____

Date of Birth: _____

Place of birth: _____

Father's Name: _____

Mother's Name: _____ Maiden Name _____

Home Address: _____

Phone Number: _____

Email Address: _____

Please select one option:

____ **My child has not been Baptized** (Please provide a birth certificate. When prepared, your child will receive the Sacraments of Baptism, Confirmation, and Eucharist at the Easter Vigil).

____ **My child was Baptized in another Christian faith** (Please provide a Baptism certificate. When prepared, your child will make a Profession of Faith in the Catholic Church then receive the Sacraments of Confirmation and Eucharist at the Easter Vigil).

For office use only:

____ Birth certificate on file

____ Baptism certificate on file

Sponsor/Godparent _____

Confirmation Name _____

Please read the following carefully, then initial to show your understanding and agreement.

In requesting that my child prepare for the Sacraments of Initiation at Saint Gregory the Great Catholic Church:

____ I acknowledge that we are the primary catechist of our child's faith development. We will actively participate within the life of the Church by attending Sunday Mass weekly, making it a priority over other activities, attending Mass on Holy Days of Obligation, praying and encouraging our family to pray, and learning more about our Catholic faith through lifelong formation.

____ I understand and agree that I will attend the parent meeting for OCIA Adapted for Children at the beginning of the year.

____ I understand and agree that my family is expected to attend religious education classes with my child periodically in order to gain a fuller knowledge of the Catholic faith and the Sacraments of Initiation.

____ I understand and agree that families are expected to participate in the four Rites of the OCIA process.

____ I understand and agree that families are expected to attend two retreats during the year: one for First Reconciliation and one for First Holy Communion.

____ I understand that the Profession of Faith and celebration of the Sacraments of Baptism, Confirmation, and Eucharist will take place at the Easter Vigil.

____ I understand and agree to submit relevant paperwork to the office in a timely manner, as requested.

____ I understand and agree that failure to meet the above requirements of preparation may result in a delay in my child's reception of the Sacraments.

Parent Signature _____ Date _____