

**OCIA Registration (Adults) — Holy Apostles**

**Participant's legal name (as written on birth certificate):**

|                                                  |                                  |                                          |                                       |
|--------------------------------------------------|----------------------------------|------------------------------------------|---------------------------------------|
| <b>Which sacrament(s) are needed?</b>            | <input type="checkbox"/> Baptism | <input type="checkbox"/> First Communion | <input type="checkbox"/> Confirmation |
| OCIA in English: Martha Kullman — (509) 679-2696 |                                  |                                          |                                       |

**Required documents (check the ones submitted with this registration):**

|                                                          |                                                                      |
|----------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Family registered at the Parish | <input type="checkbox"/> Copy of BAPTISM certificate (if applicable) |
| <input type="checkbox"/> Copy of BIRTH certificate       |                                                                      |

**PARTICIPANT INFORMATION**

|                       |             |
|-----------------------|-------------|
| <b>Date of birth:</b> | <b>Age:</b> |
| <hr/>                 | <hr/>       |

**Place of birth (city, state, country):**

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|                                      |                           |
|--------------------------------------|---------------------------|
| <b>Baptism date (if applicable):</b> | <b>Church of baptism:</b> |
| <hr/>                                | <hr/>                     |

**Address (street, city, zip code):**

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**Special, medical, or learning need:**

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**CONTACTS**

|                       |                    |
|-----------------------|--------------------|
| <b>Mother's name:</b> | <b>Cell phone:</b> |
| <hr/>                 | <hr/>              |

|                       |                    |
|-----------------------|--------------------|
| <b>Father's name:</b> | <b>Cell phone:</b> |
| <hr/>                 | <hr/>              |

|                           |                    |
|---------------------------|--------------------|
| <b>Emergency contact:</b> | <b>Cell phone:</b> |
| <hr/>                     | <hr/>              |

**Names of family members also registering:**

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*I authorize my registration and authorize emergency medical care if necessary.*

|                                 |              |
|---------------------------------|--------------|
| <b>Participant's signature:</b> | <b>Date:</b> |
| <hr/>                           | <hr/>        |

**FOR OFFICE USE ONLY**

|                                                                                              |                           |
|----------------------------------------------------------------------------------------------|---------------------------|
| <b>Registration date:</b> _____                                                              | <b>Received by:</b> _____ |
| <b>Sponsors' names:</b>                                                                      |                           |
| <hr/>                                                                                        |                           |
| <b>Payment:</b> <input type="checkbox"/> Cash <i>(Checks and card payments not accepted)</i> |                           |
| <b>Notes:</b>                                                                                |                           |
| <hr/>                                                                                        |                           |
| <b>Baptism date received:</b> _____                                                          |                           |
| <b>First Communion date received:</b> _____                                                  |                           |
| <b>Confirmation date received:</b> _____                                                     |                           |

Questions? Call the parish office: (509) 884-5444

**turn in this completed registration and cash payment directly to Martha Kullman, OCIA coordinator in English.  
incomplete registrations will not be accepted.**

*Note: this registration is NOT accepted at the parish office — turn it in directly to Martha Kullman (see above). Only the Spanish Confirmation form is accepted at the office.  
AleG — updated July 31, 2026*