

St. Clare Parish
Baptism Registration Form
for Infants & Children

PLEASE PRINT

Legal Name of Child: _____ Sex: M F

Date of Birth: _____ Place of Birth: _____

Parents' Legal Names: _____

Mother's Maiden Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ Email: _____

Date of Baptism: _____ By Rev.: _____

Godparents: _____

Proxies (if applicable): _____

Mass Time Preference (circle one): Saturday: 5 pm Sunday: 8:30 am or 10:45 am

Date of Baptism Class: _____

Please return completed form to: Attn. Jean De Laney

St. Clare Parish
8535 SW 19th Avenue
Portland, Oregon 97219

Phone: 503-244-1037 ext 104
Fax 503-246-2665
E-mail jean@saintclarechurch.org

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