

ST. CLARE CATHOLIC CHURCH

8535 SW 19th Ave Portland, Oregon 97219

Phone 503-244-1037 Fax 503-246-2665

Please print clearly

ORDER OF CHRISTIAN INITIATION FOR ADULTS

Registration Form Today's Date _____

Full Name _____ Home Phone _____
First Middle Last

Address _____ City _____ Zip _____

Place of Work/School _____ Cell or Work Phone _____

Occupation _____ e-mail _____

Birth Place _____ Birth Date _____

Parent's names Father: _____ Mother: _____
First Last (Maiden)

Baptized Yes No (circle one) If baptized, Date of Baptism _____

Church Name _____ Address _____

Denomination _____ Name of Minister _____

Please circle one: Single Married Divorced Widowed Married in the Church? _____

Spouse's Name _____ Spouse's Religion _____

What are you seeking?

_____ I definitely want to become Catholic.

_____ I think I might want to become Catholic.

_____ I am baptized Catholic, but have had no instruction in the faith.

_____ I want to be a sponsor.

Name of Sponsor _____

Describe your religious background _____

What or who is urging you to come at this time? _____

Please use reverse side of form if you have questions or need more room to write.

Return this to Sue Unger at the above address. Form updated 05/23/12.