

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 \_\_\_\_\_

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.

Name of Sponsor \_\_\_\_\_ Church Attending \_\_\_\_\_

How would you 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 updated 09.15.12