ST. CLARE CATHOLIC CHURCH

8535 SW 19th Ave Portland, Oregon 97219
Phone 503-244-1037 Fax 503-246-2665

ORDER OF CHRISTIAN INITIATION FOR ADULTS
Registration Form

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:_____
(Maiden)

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

Church Name_____ Address_____

Denomination_____Name of Minister_____

Please circle one: Single ĩ Married ĩ Divorced ĩ Widowed ĩ 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 updated 091810