

St. Clare Parish
Baptism Registration Form
for Infants & Children

PLEASE PRINT

Name of Infant/Child: _____ Sex M F

Date of Birth: _____ Place of Birth: _____

Parents' Names: _____

Mother's Maiden Name: _____

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

Phone Number (s): Home: _____ Work: _____

Date of Baptism: _____ By Rev.: _____

Godparents: _____

Proxies (if applicable): _____

Mass Time Preference: 5 pm 7:30 am 9 am 11:15 am (Summer 10 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 delaneyjean@comcast.net

Rev: 7/6/09