

**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: \_\_\_\_\_

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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](mailto:delaneyjean@comcast.net)

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