

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 _____

Address _____ City _____ Zip _____

Place of Work _____ Work Phone _____

Occupation _____ e-mail _____

Birth Place _____ Birth Date _____

Baptized Yes No If baptized, Date of Baptism _____

Church Name _____ Address _____

Denomination _____

Please circle one: Single Married Divorced Widowed

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.

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.