



Rite of Christian Initiation 2025 – 26

Registration Form

Please complete the form below and return to Kim Zea, Pastoral Associate, at kim@saintclarechurch.org or drop off at the parish office. Legible printing is much appreciated. Thank you.

Personal Information

Full Name _____ Maiden Name (if applicable) _____

Home Address _____

Phone Number _____ Email Address _____

Date of Birth _____ City/State of Birth _____ Current Age _____

Father's Full Name _____

Mother's Full Name _____ Mother's Maiden Name _____

Baptismal Information

Requesting Baptism? ____

Previously Baptized? ____ Catholic? ____ Other Denomination? ____ If so, which one? _____

For other denominations, please provide date, church, and place:

All registrants: A copy of your Baptismal certificate is required at the time of registration.

First Communion Information

Have you received 1st Communion received in the Catholic Church? Yes ____ No ____

Marital Status (Please check all that apply.)

Single ____ Engaged ____ Married in the Catholic Church ____ Married in a another denomination ____

Civil Marriage ____ Divorced ____ Annulment granted ____ Total marriages ____ Widowed ____

For more information or questions, please contact Kim Zea, Pastoral Associate
at 503.244.1037, x104 or kim@saintclarechurch.org.

Office Use Only:

Payment Rcvd by _____ Date _____ Amount \$ _____ Check # _____

Baptismal Certificate Received if applicable _____

Sponsor's Full Name _____ Confirmation Name _____

Sacraments Received at Easter Vigil: Baptism ____ 1st Communion ____ Confirmation ____ Profession of Faith ____

Date Recorded in Register _____ by _____