

DATA FOR BAPTISM REGISTER

The information below will be used for our permanent records and will be information included on the baptismal certificate

Name of Child _____ ☐ M ☐ F

First, Middle and Last

Address _____

Phone Number _____

Date of Birth _____

Place of Birth _____

Date of Baptism _____

Father's Name _____

Religion of Father _____

Mother's Maiden Name _____

First and Last Name

Religion of Mother _____

Godfather's Name _____

Is the Godfather a Catholic? _____

Godmother's Name _____

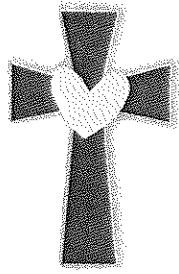
Is the Godmother a Catholic? _____

Is either Godparent represented by Proxy? _____

Remarks:



Registration Form for Reconciliation and Eucharist



PLEASE PRINT ALL THE INFORMATION ON THIS FORM.

Your child's first and last name: _____

Age: _____ **Grade:** _____ **School:** _____

Are you a registered member of all Saints Parish? Yes _____ **No** _____

Where was your child baptized? _____

Date: _____

**Please bring a copy of the Baptismal Certificate to the first class
for parents on October 3.**

Name of Parents: _____

Address: _____

Street

City

Zip

Phone: Home: _____ **Cell:** _____

Email address: _____

Religion of Mother: _____

Sacraments Received: _____

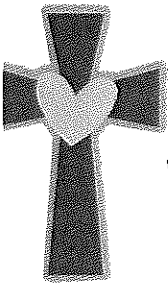
Religion of Father: _____

Sacraments Received: _____

How do you share your time and talents with All Saints Parish?

Please complete the reverse side.





What are your strengths as a Catholic parent?



What are your struggles as a Catholic parent?

How do you share your Catholic faith with family members?

What talents would you like to share during our First Communion Liturgy: (Reading, Music, Organizing, etc.)

When/How do you pray as a family?

What activities does your family enjoy doing together?

What are your child's strengths or special interests?

Is there anything else you would like to share with the Sacramental Team?





Registration Form for Children's Liturgy



PLEASE PRINT ALL THE INFORMATION ON THIS FORM.

Your child's first and last name: _____

Your child's age: _____ Grade: _____ Birthday: _____

Has your child received the sacrament of Baptism? _____

Name of Parents: _____

Address: _____

Street

City

Zip

Phone: Home: _____

Cell: _____

Email address: _____

Does your child have any medical concerns or allergies that would impact his/her participation in this program? If yes, please explain.

What are your child's strengths or special interests?

I would like the teacher to know:

Praise
the
Lord!

Psalms
148:3





Registration Form for Sunday School



PLEASE PRINT ALL THE INFORMATION ON THIS FORM.

Your child's first and last name: _____

Age: _____ Grade: _____ School: _____

Please check the sacraments your child has received.

_____ Baptism _____ Reconciliation _____ Eucharist

Name of Parents: _____

Address: _____

Street

City

Zip

Phone: Home: _____ Cell: _____

Email address: _____

Are you a registered member of All Saints? Yes _____ No _____

Does your child have any medical concerns or food allergies that would impact his/her participation in this program? If yes, please explain.

What are your child's strengths or special interests?

I would like his/her teachers to know:



ALL SAINTS PARISH

3847 NE Glisan Street Portland, Oregon 97232 Tel. 503 232 4305, ext. 339

RCIA Registration Form

Name (First _____ (Middle) _____ (Last) _____)

Address _____ Apt. or P.O. Box _____

City _____ State _____ Zip Code _____

Phone (Home _____ (Work) _____)

Cellular (Optional) _____ Email _____

Place of Birth (City/State) _____ Date _____

Have you ever been baptized? Yes _____ No _____ If Yes, When _____

Name of Church _____ City/State _____

Mother's name (First) _____ (Last) _____

Father's name (First) _____ (Last) _____

Check any that apply:

I am not Catholic and would like more information before I decide to join _____

I do not intend to join the Catholic Church, but would like to learn about it _____

I am a Catholic and want to know more about my faith _____

I am:

- a. Single _____
- b. Single but divorced _____
- c. Single but widowed _____
- d. Engaged-both parties have never married _____
- e. Engaged-one or both parties were previously married _____ *
- f. Married-first and only marriage for both parties _____
- g. Married-one or both parties were previously married _____ *

*Was the marriage annulled? Yes _____ No _____

Children's Full Name	Age	Baptized Catholic?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a Godparent/Sponsor? If yes, Name _____

Parish _____ Phone _____