

IMMACULATE HEART CATHOLIC CHURCH  
2926 N WILLIAMS AVENUE  
PORTLAND OR 97227

RCIA REGISTRATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(First) (Middle) (Last – maiden name)

Have you ever been baptized? (please circle) Yes No

If yes, in what Church? \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

Godparents \_\_\_\_\_

Have you ever been confirmed? (please circle) Yes No

If yes, in what Church? \_\_\_\_\_

Location \_\_\_\_\_

Marital Status \_\_\_\_\_

Easter Vigil Date: \_\_\_\_\_

Name of Priest: \_\_\_\_\_