Print Form

Submit by Email

St. Anthony Catholic Church Registration Form

3720 SE 79th Ave, Portland OR 97206

Date:	
Family Last Name:	WIFE's Maiden Name:
Address:	City: Zip
Phone: Cell: Email:	
HUSBAND's First Name:	Birthdate:
Occupation:	Religion:
Talents:	English Speaking:
Primary Language other than English:	Handicapped or Special Assistance:
Sacraments Received In Catholic Church: Baptism Ist Confession Ist Communion Confirmation	
CURRENT MARRIAGE STATUS:	ed, were you married in the CATHOLIC CHURCH:
WIFE's First Name:	Birthdate:
Occupation:	Religion:
Talents:	English Speaking:
Primary Language other than English:	Handicapped or Special Assistance:
Sacraments Received In Catholic Church: Baptism Ist Confession	☐ 1st Communion ☐ Confirmation
CURRENT MARRIAGE STATUS:	ed, were you married in the CATHOLIC CHURCH:
OTHER:	
Requests:	
We use an offering envelope system to help supp If you do NOT wish to receive a supply of offering envelo	

ONLY LIST DEPENDENT CHILDREN LIVING AT HOME

Child's FIRST NAME: LAST NAME:
Birthdate: English Speaking:
Primary Language other than English: Handicapped or Special Assistance:
Sacraments Received and Catholic Church: Baptism Sacraments Received Ist Confession Special Assistance. Confirmation
Child's FIRST NAME: LAST NAME:
Birthdate: English Speaking:
Primary Language other than English: Handicapped or Special Assistance:
Sacraments Received and Catholic Church: Baptism State Special Assistance: 1st Confession Special Assistance: 1st Communion Confirmation
Child's FIRST NAME: LAST NAME:
Birthdate: English Speaking:
Primary Language other than English: Handicapped or Special Assistance:
Sacraments Received
Child's FIRST NAME: LAST NAME:
Birthdate: English Speaking:
Primary Language other than English: Handicapped or Special Assistance:
Sacraments Received
Child's FIRST NAME: LAST NAME:
Birthdate: English Speaking:
Primary Language other than English: Handicapped or Special Assistance:
Sacraments Received

WELCOME TO ST. ANTHONY FAITH COMMUNITY