

**St. Rose of Lima Catholic Church**  
**2727 NE 54th Ave**  
**Portland, OR 97212**

**Registration Deadline:** All forms must be submitted (including a Baptism Certificate) to the parish office no later than Sunday, September 23, 2017.

**Cost:** \$75 per Child. Payment due with registration. *(Includes Youth Workbook, Food, Retreat, & Youth Ministry Registration)*

**Youth Information:**

Baptized Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Candidate's Cell Phone \_\_\_\_\_ Can we text this number? Y N

Candidate's DOB \_\_\_\_\_

Candidate's Email \_\_\_\_\_

Grade in Fall 2017 \_\_\_\_\_ School Attending \_\_\_\_\_

Best Way to Get in Touch With the Candidate: \_\_\_\_ Text \_\_\_\_ Cell \_\_\_\_ Email

T-Shirt Size (Circle One): XS S M L XL XXL

**The entire historical record of all sacraments received is compiled and retained at the candidate's parish of Baptism. Please provide accurate baptismal information which will enable us to forward proper notification of confirmation.**

Church of Baptism \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Church Street Address \_\_\_\_\_

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

**Family Information**

Mother's Name \_\_\_\_\_

Mother's Maiden Name *(for sacramental recording purposes)* \_\_\_\_\_

Street Address \_\_\_\_\_

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

Cell Number \_\_\_\_\_

Email \_\_\_\_\_

Preferred method of contact \_\_\_\_\_ Text \_\_\_\_\_ Cell \_\_\_\_\_ Email

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

Street Address \_\_\_\_\_

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

Cell Number \_\_\_\_\_

Email \_\_\_\_\_

Preferred method of contact \_\_\_\_\_ Text \_\_\_\_\_ Cell \_\_\_\_\_ Email

If there is a parent that is the primary contact please indicate here \_\_\_\_\_

Are your family parishioners of St. Rose ? \_\_\_\_\_ Yes \_\_\_\_\_ No