



1260 NE 132nd Avenue, Portland, OR 97230 | 503.256.5850

ST. THERESE OF THE CHILD JESUS CATHOLIC CHURCH PARISH REGISTRATION FORM

Please complete and return to church office or drop it off in collection basket. You may also send it electronically to info@stthereseor.org.
All information is confidential and will not be shared without your permission.

Date: _____

Check One: New Registration
 Update Contact Information

Check One: I prefer to receive contribution envelopes
 I prefer to give on-line

Family Name _____ Address _____ Apt# _____ City _____ Zip _____

Primary Email Address _____ Primary Phone # _____

Cell Phone(s) _____ Marital Status: Single Married Widowed/
Widower Divorced

ADULTS:

First Name	Middle Name	Last Name	Male or Female	Religion	Date of Birth	Baptism Date	First Communion Date	Confirmation Date	Date of Marriage
1.									
2.									

CHILDREN: Please list only the children currently living at home, away at college, or in military service. If needed, please use the back of the form.

First Name	Middle Name	Last Name	Male or Female	Date of Birth	Date of Baptism	Date of First Communion	Date Confirmed

Adult 1, occupation (Retired, former career) _____ Adult 2, occupation (Retired, former career) _____

Adult 1, email address _____ Adult 2, email address _____

Were you previously members of St. Therese Parish? Yes No If yes, when? _____

(check all that apply) Myanmar Vietnamese Filipino Other Pacific Islander Native American African White Hispanic Other (specify) _____