

IMMACULATE HEART CATHOLIC CHURCH
2926 N WILLIAMS AVENUE
PORTLAND OR 97227

YOUTH REGISTRATION FORM

Name: _____ Date: _____

Address: _____

City _____ State _____ Zip _____

Home 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 _____

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

If yes, in what Church? _____

Location _____

Interests/Hobbies: _____

School Activities: _____

Remarks: _____