

Please return to Church Office:
25 N Rosa Parks Way, Portland, OR 97217

Date: _____

Holy Redeemer Church
Registration Form

Adult # 1 or
Head of Household

Adult # 2 or
Spouse

First Name

Middle Name

Last Name

Maiden Name

Preferred Name

Date of Birth

Gender

Male / Female

Male / Female

Religion

Primary Language

Second Language

e-mail Address

Employer

Occupation

Work Ph. #

Baptized

Yes / No

Yes / No

Church

City & State

Reconciliation

Yes / No

Yes / No

First Communion

Yes / No

Yes / No

Church

City & State

Confirmed

Yes / No

Yes / No

Church

City & State

Disability ?

Homebound ?

Family Name: _____

How should mail to your home be addressed?

Mr. Mrs. Ms. Miss Dr. Dr. & Mrs. Dr. & Mr.

Other _____

Or

Use both names on family Mail

Address: _____

City: _____ **State** _____ **Zip** _____

Home Phone #: _____

Emergency Phone #: _____

Cell Phone #(adult #1): _____

Cell Phone #(adult #2): _____

Family Email Address: _____

Marital Status: (Please Circle One)

Single M W D Other

If Married:

Marriage Date: _____

Name of Church where Wedding took place:

City: _____ **State** _____

Previous parish: _____

City: _____ **State** _____

Comments: _____

OFFICE USE ONLY

REVIEWED / ENTERED _____

STATUS: Active Date _____

Inactive Date _____

ENVELOPE # _____ OSV

Parish Registration Form

Children / Others Living at Home

<u>Individual Information</u>	<u>FIRST</u>	<u>SECOND</u>	<u>THIRD</u>	<u>FOURTH</u>	<u>FIFTH</u>
Circle most appropriate	Son, Daughter, Other	Son, Daughter, Other	Son, Daughter, Other	Son, Daughter, Other	Son, Daughter, Other
If Other (Explain)					
First Name					
Middle Name					
Last Name					
Preferred Name					
Maiden Name					
Date of Birth					
Gender	Male / Female	Male / Female	Male / Female	Male / Female	Male / Female
Religion					
School Grade					
School Attending					
Primary Language					
Second Language					
Baptized	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Baptism Date					
Church					
City / State					
Reconciliation	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
First Communion	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Eucharist Date					
Church					
City / State					
Confirmed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Confirmation Date					
Church					
City / State					
<u>If it Applies:</u>					
Employer					
Occupation					
Work Phone / Extension					

TIME & TALENT MINISTRIES

Names:

(Please indicate any item you are interested in volunteering for & who is interested)

PARISH OUTREACH/

- Meal Ministry
- Minister of Care to Sick/Homebound
- St. Vincent de Paul
- Health Team/Wellness Committee
- Christmas "Giving Tree"
- Health Promoters to Latino Community (Promotores de Salud)

FAITH FORMATION

- Adoration
- Liturgy Committee
- RCIA Volunteer or Sponsor
- Sacramental Prep Volunteer
- Vocation Committee
- Vocation Cross
- Confirmation Preparation

ADMINISTRATION/SUPPORT

- Technology
- Sunday Collection Counter
- Office Volunteer
- Fundraising

MASS MINISTRY

(Mass Preference)

- 5:00 ____ 8:00 ____ 10:00 ____ Noon ____
- Altar Server (Youth 4th - 8th grade)
 - Eucharistic Minister
 - Sacristan
 - Lector
 - Usher
 - Choir Cantor Musician
Instrument _____

SCHOOL

- Annual Appeal Volunteer
- Parent's Club
- Lenten Fish Fries
- School Volunteer
- Athletic Coach (Sport _____)
- Auction Volunteer
- Cub Scout/Girl Scout Volunteer
- Jogathon Volunteer
- Development Office Support

COMMUNITY BUILDING

- Parish Events Volunteer/General
- Annual Italian Dinner
- Hospitality/Receptions/Welcoming
- Altar Society
- Breakfast Club Volunteer
- Silver Spirits - Seniors Group
- Family Campout
- Art & Environment
- Hispanic Passion Play
- Adventure Club