



# St Charles Confirmation Registration

INSTRUCTOR: Leif Kehrwald [lkehrwald@stcharlespdx.org](mailto:lkehrwald@stcharlespdx.org)

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## Student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Baptized?    Yes    No                      First Communion?    Yes    No

Address: \_\_\_\_\_

\_\_\_\_\_

## Parent/ Guardian #1

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Parent/ Guardian #2

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please return this form to St Charles Borromeo (5310 NE 42nd Ave, Portland, OR 97218) or to Leif Kehrwald at 503-351-9889.

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