

ST. THERESE PARISH REGISTRATION FORM

LAST NAME: _____ **FIRST NAME:** _____ **SPOUSE:** _____

Please circle how mail should be addressed: Mr. & Mrs. Mr. Mrs. Ms.

Please Circle Marital Status: Married Widowed Separated Divorced Never Married

STREET ADDRESS: _____ **CITY/STATE:** _____ **ZIP:** _____

HOME PHONE # _____ **CELL PHONE #** _____ **WORK PHONE #** _____

EMAIL ADDRESS: _____ **DATE REGISTERED:** _____

Weekly Collection Envelopes: YES or NO

	HEAD	SPOUSE	CHILD	CHILD	CHILD
First Name					
Last Name					
Religion					
Languages Spoken					
Occupation					
Employer					
Sex M / F					
Date of Birth	/ /	/ /	/ /	/ /	/ /
Church of Baptism					
Church of 1ST Communion					
Church of Confirmation					
Church of Marriage					

Revised 9/20/22