



## ST. THERESE CHURCH REGISTRATION FORM

*Please fill out form completely:*

**Date Registered:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**Select How to Address Mail to You:**  Mr. & Mrs.  Mr.  Mrs.  Miss  Ms.

**Select Marital Status:**  Married  Widowed  Separated  Divorced  Single/Never Married

**Home Address** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Unlisted:**  Yes  No

**Cell Phone:** \_\_\_\_\_ **Contact Preference:**  Text  Email  Call

**Email Address:** \_\_\_\_\_ **Envelopes:**  Yes  No

	HEAD	SPOUSE	CHILD	CHILD	CHILD
First Name					
Last Name					
Religion					
Languages Spoken					
Occupation					
Employer					
Business Phone					
Gender					
	MO/Day/YR	MO/Day/YR	MO/Day/YR	MO/Day/YR	MO/Day/YR
Date of Birth	/ /	/ /	/ /	/ /	/ /
Church of Baptism					
Church of 1ST Comm.					
Church of Conf.					
Church of Marriage					