

# ST. THERESA CATHOLIC CHURCH PARISH REGISTRATION

LAST NAME _____	HOME PHONE _____ DATE _____
ADDRESS _____	APT. # _____ CITY _____ ZIP _____
FIRST NAME _____	SPOUSE'S NAME _____
RELIGION _____ Bapt. _____ Conf. _____	RELIGION _____ Bapt. _____ Conf. _____
DATE OF BIRTH _____	DATE OF BIRTH _____
OCCUPATION _____	OCCUPATION _____
EMPLOYER _____	EMPLOYER _____
OFFICE PHONE _____	OFFICE PHONE _____
CELL PHONE _____	CELL PHONE _____
E-MAIL _____	E-MAIL _____

MARRIED \_\_\_ SINGLE \_\_\_ SEPARATED \_\_\_ DIVORCED \_\_\_ WIDOWED \_\_\_ ENGAGED \_\_\_

DATE OF MARRIAGE: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If you have a member of your immediate family who is invalid or homebound, do they wish to receive communion at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

**\*\*Please list any children living with you below \*\*\***

FIRST NAME OF CHILD    BIRTHDATE    MALE    FEMALE    BAPT.    COMM.    PENANCE    CONFIRM.

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