# ST. TERESA PARISH REGISTRATION FORM

Please Print

Date_____ Revised Date_____ Revised Date_____ Envelope # _____

Family Last Name | Address

City | Zip Code | Home Phone | e-mail

Your Name—first, middle (maiden) | Date of Birth | Religion

Occupation / Employer | Business Phone | Cell Phone

Spouse—first, middle (maiden) | Date of Birth | Religion

Occupation / Employer | Business Phone | Cell Phone

Marital Status | Date of Marriage | Name of Church | City | State

If not married in a Catholic Church, was a dispensation given? Yes___ No___ **OVER**

## FAMILY DATA AND SACRAMENTAL RECORDS

**Please list each member of the household and any applicable information.**

| First and Middle Names (& Last, if different)<br>If any member of the family is physically challenged or homebound, please Place and "X" in the box by his/her name. Thank you. | X | Date Of Birth | Name of School | Grade Level | Bap. | First Comm. | Conf. |
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