



St. Teresa of Avila Parish Registration Form

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| OFFICE USE ONLY | Revised 04/16 MC |
| Date _____ ID _____ | PDS _____ |

Family Information (Please complete for **all** members of the household)

Family Last Name _____ Primary language(s) spoken at home _____ Email _____

Address _____ City, State _____ Zip _____ Home Phone _____ Unlisted: Yes No

Do you have an alternate address at any time during the year? Yes No If Yes, Alternate Address is active from Month: _____ to Month: _____

Alternate Address: _____ City, State _____ Zip _____ Phone: _____ Unlisted: Yes No

Member Information

Adult 1 Last Name _____ First Name _____ Maiden Name _____ Title: Dr. Mr. Mrs. Ms.
 Occupation _____ Work Phone _____ Cell Phone _____ Race _____

Adult 2 Last Name _____ First Name _____ Maiden Name _____ Title: Dr. Mr. Mrs. Ms.
 Occupation _____ Work Phone _____ Cell Phone _____ Race _____

Adult 3 Last Name _____ First Name _____ Maiden Name _____ Title: Dr. Mr. Mrs. Ms.
 Occupation _____ Work Phone _____ Cell Phone _____ Race _____

Child 1 Last Name _____ First Name _____ School _____ Grade _____

Child 2 Last Name _____ First Name _____ School _____ Grade _____ If registering in the summer, please use the grade for the upcoming yr.

Child 3 Last Name _____ First Name _____ School _____ Grade _____

Child 4 Last Name _____ First Name _____ School _____ Grade _____

| | First Name | Gender Male Female | Date of Birth MM / DD / YYYY | Marital Status Single Married Separated Divorced Widowed | Religion | Please check off all sacraments received. If married, please provide Date of marriage and note whether <u>C</u> ivil or <u>S</u> acramental. | | | | | |
|----------------|------------|--------------------------|---------------------------------|--|----------|--|----------------|-----------------|--------------|----------|----------------|
| | | | | | | Baptism | Reconciliation | First Communion | Confirmation | Marriage | Prof. of Faith |
| Adult 1 | | | | | | | | | | | |
| Adult 2 | | | | | | | | | | | |
| Adult 3 | | | | | | | | | | | |
| Child 1 | | | | | | | | | | | |
| Child 2 | | | | | | | | | | | |
| Child 3 | | | | | | | | | | | |
| Child 4 | | | | | | | | | | | |

If needed, attach a separate sheet with information about additional members of your household or any special needs of which you would like us to be aware.