OFFICE USE ONLY Revised 04/16 MC

**St. Teresa of Avila** **Parish Registration Form**

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 during the summer, use the grade for the upcoming year.

 **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 MarriedSeparated Divorced Widowed | **Religion** | Please check off all sacraments received. If married, provide date of marriage and note whether Civil or SacramentalProfessionReconciliation First Marriage of FaithBaptism (Confession) Communion Confirmation (Date) *(for converts*) |
| **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.