CATHOLIC FAITH COMMUNITIES OF SAINT THERESA AND SAINT CHRISTOPHER

PARISH FAMILY REGISTRATION FORM

Parish Choice: (Circle one) St. Christopher

St. Theresa

Please print all information clearly

All information is confidential and recorded in St. Theresa/St. Christopher Parish Regi

Au	injormation is co	onjiaeniiai ana recorae	ea in Si. Theresa/Si. C	nrisiopnei	r Parish Registry			
Family Name:								
Mailing Name (ie Mr.	&.Mrs.)							
Address:			City:					
State:	Zip:	Family	Email:					
Address (2):			City:					
State:	Zip:	Dates a	t this address:					
Home #:		Cell #:	Emergency:					
Publish Address? Yes	s / No Publish	Home Phone? Yes / N	o Publish Cell? Y	es / No	Publish 2nd Address? Yes / No			
		Head	of Household					
Name:(First)		(Middle)		ıst)	(Maiden)			
Address:	·	(Wilddie)			(Maideil)			
State:	Zip:	Email:						
Home #:		Cell #:	1	Date of Bir	th:			
City/State of Birth: _			_ Gender: M / F	Religion	:			
Baptized: Y / N Dat	e:	Church:		tate :				
Eucharist: Y / N Da	te:	Church:		City/St	ate :			
Confirmed: Y / N D	ate:	Church:		City/State :				
Married: Y / N Date	e:	Church:		City/Sta	ate :			
			Spouse					
Name:(First)		(Middle)	(La	est)	(Maiden)			
		(2.7.2023)			(2.24.2021)			
State:	Zip:	Email:						
Home #:		Cell #:	1	Date of Bir	th:			
					:			
Baptized: Y / N Dat	e:	Church:		City/St	ate:			
Eucharist: Y / N Da	te:	Church:		City/St	ate :			
Confirmed: Y / N D	ate:	Church:		City/St	ate:			
Married: Y / N Date	e:	Church:		City/Sta	ate :			
		Offic	e Use Only					
Reviewed:	Entered:	By:	Envelope #					

ADDITIONAL FAMILY MEMBERS. OTHERS LIVING IN THE HOUSEHOLD

	Circle One:	Adult,	Daughter,	Granddaughter,	Son,	Grandson, Othe	er
Name:			_	2			4
(F	irst)			(Middle)			(Last)
Gender: M / F Date of							
Religion:							
Baptized: Y / N Date:	Church:				City/State :		
Eucharist: Y / N Date:_	Church:		City/State :				
Confirmed: Y / N Date:_	Chu	ırch:			City/State :		
	Circle One:	Adult,	Daughter,	Granddaughter,	Son,	Grandson, Othe	er
Name:(F	irst)		_	(Middle)			(Last)
Gender: M / F Date of	Birth:						
Religion:		So	chool:		, , , , , , , , , , , , , , , , , , , 		Grade:
Baptized: Y / N Date:		Chui	rch:			City/State :	
Eucharist: Y / N Date:	Church:			City/State :			
Confirmed: Y / N Date:_	Chu	ırch:			City/State :		
	Circle One:	Adult,	Daughter,	Granddaughter,	Son,	Grandson, Othe	er
Name:(F	irst)		_	(Middle)			(Last)
Gender: M / F Date of	Birth:			City/State	of Birt	th:	
Religion:							
Baptized: Y / N Date:	Chui	rch:			City/State :		
Eucharist: Y / N Date: Ch			ch:			City/State:	
Confirmed: Y / N Date:	Chu						
	Circle One:	Adult,	Daughter,	Granddaughter,	Son,	Grandson, Othe	r
Name:	irst)		-	(Middle)			(Last)
`	,			,	cn.		,
Gender: M / F Date of Religion:							
Baptized: Y / N Date:							
Eucharist: Y / N Date:		Chur	rcn:				
Confirmed: Y / N Date:_							

Date: _____

Signature: