

# 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**

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