

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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