



St. Teresa of Avila Parish Registration Form

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

Family Information

Family Last Name _____ Primary language(s) spoken at home _____ Email _____
 Address _____ City, State _____ Zip _____ Primary 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 _____
Adult 2 Last Name _____ First Name _____ Maiden Name _____ Title: Dr. Mr. Mrs. Ms.
 Occupation _____ Work Phone _____ Cell Phone _____
Adult 3 Last Name _____ First Name _____ Maiden Name _____ Title: Dr. Mr. Mrs. Ms.
 Occupation _____ Work Phone _____ Cell Phone _____
Child 1 Last Name _____ First Name _____ School _____ Grade _____
Child 2 Last Name _____ First Name _____ School _____ Grade _____
Child 3 Last Name _____ First Name _____ School _____ Grade _____
Child 4 Last Name _____ First Name _____ School _____ Grade _____

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

	First Name	Gender Male Female	Date of Birth MM / DD / YYYY	Marital Status Single Married Separated Divorced Widowed	Religion	Sacraments				
						Check (✓) the sacraments each person has received through the Catholic Church.				
					Baptism	Reconciliation (Confession)	First Communion	Confirmation	Marriage (include date)	Profession of Faith (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.