



SAINT TERESA OF AVILA CHURCH

1260 South Trooper Road
Norristown, PA 19403-3659

610-666-5820 (office)
610-666-7511 (fax)

WELCOME!

St. Teresa of Avila Parish would like to welcome you into our parish community. It is the joyful task of those of us who are welcoming you to provide for each member in faith, in hope, and in love. It is also our fervent hope that your presence and participation will help our parish community to grow as well.

Enclosed please find the following:

1. Family Registration Form (one for each family)
2. Member Registration Forms (one for each person in the family, please feel free to make additional copies if you need to)
3. Temporary Envelopes

Please complete the forms and return them to the church office. We need these in order to add your family to our parish records. At least as important, we need to know from you where in the many activities of our parish you may be able and willing to serve.

Many thanks in advance for your response and may your membership in our parish prove a source of deep spiritual satisfaction for you.

Sincerely in the Lord,

Reverend Monsignor Andrew J. Golias
Pastor

A Stewardship Parish

Blessed With God's Gifts.....Responding in Gratitude

**St. Teresa of Avila Roman Catholic Church
Family Registration Form**

ID/Envelope #: _____

Date Registered: _____

Number of Members in the Household: _____

Head of Household:

Last Name _____

First Name _____

Title _____

Spouse:

Last Name _____

First Name _____

Title _____

Marital Status: _____

Mailing Name: _____

(example: Mr. & Mrs. John Smith)

Street Address: _____

City, State, Zip: _____

Mailing address (if it is different than your street address): _____

Phone Numbers: _____ HOME / OFFICE / CELL / OTHER

_____ HOME / OFFICE / CELL / OTHER

_____ HOME / OFFICE / CELL / OTHER

E-mail address: _____

Send an e-mail instead of mail when possible: YES / NO

Do you have an alternate address at any time of the year: YES / NO

Alternate address is active from Month: _____ to Month: _____

Would you like to receive mail from us at your alternate address: YES / NO

Alternate address: _____

St. Teresa of Avila Roman Catholic Church

Member Registration Form

(Please fill out a Member Registration Form for EACH member of the household)

Relationship: _____
(example: head of household, spouse, son)

Last Name: _____
First Name: _____
Nickname: _____
Maiden Name: _____
Title: _____

Gender: MALE / FEMALE
Date of Birth: _____

Grade/Degree: _____
Marital Status: _____
Language Spoken: _____
Ethnicity: _____
Religion: _____
Disability: _____
Race: _____
Occupation: _____
School: _____

Birthplace: _____
Birth Father: _____
Birth Mother: _____
Mother's Maiden Name: _____

Talents

I would like to volunteer the following skills:

Ministries

I would like to volunteer for the following ministries:

BAPTISM

Baptismal Name: _____
Date: _____
Performed by: _____
Church Name: _____
Church Address: _____
Sponsor(s): _____

FIRST RECONCILIATION

Date: _____
Performed by: _____
Church Name: _____
Church Address: _____

FIRST COMMUNION

Date: _____
Performed by: _____
Church Name: _____
Church Address: _____

CONFIRMATION

Confirmation Name: _____
Date: _____
Performed by: _____
Church Name: _____
Church Address: _____
Sponsor: _____

MARRIAGE

Name of Spouse: _____
Date: _____
Performed by: _____
Church Name: _____
Church Address: _____
Witness(es): _____