



St. Teresa New Member Registration Form

Date: _____

PLEASE COMPLETE THIS FORM AND SUBMIT TO THE PARISH OFFICE. FOR ADDITIONAL FAMILY MEMBERS PLEASE USE AN ADDITIONAL PAGE

Would you like Offertory Envelopes

Yes / No

Online Giving

Would you like to receive the Catholic Telegraph

Primary Contact Phone #: _____

Home phone # _____

Mr. Cellphone # _____

Mr. Email: _____

Ms. Cellphone # _____

Ms. Email: _____

Ms. Maiden Name: _____

Family Last Name: _____

Street Address _____ Apt.# _____

City/State and Zip _____

Mailing address _____

(If different from above)

Circle all that apply

First Name	Middle	Last name (if different from above)	Single Married Widow(er) Separated Divorced	Sex M F	Date of Birth M/D/Y	Catholic Non-Cath	Baptized Yes No	First Communion Yes No	Confirmation Yes No	Married Yes No	Catholic Marriage Yes No	Language Spoken At Home
Dependent Children Living at Home												

Husband's Occupation _____

Place of Employment _____

Wife's Occupation _____

Place of Employment _____

If there any other information you would like to share with us about yourself or family member? _____

Are there any activities or ministries you would like to participate in _____

Office Use Only:

Computer: _____

Catholic Telegraph: _____

New Member Letter: _____

One Call Now: _____

Bulletin: _____

Copy to Father: _____

Env Co.: _____

Sent Env: _____

Directory: _____

Envelope # _____