



St. Teresa New Member Registration Form

Date: _____

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

Family Last Name _____

Street Address _____ Apt.# _____

City and Zip _____

Mailing Address _____

(If Different From Above)

Would You Like Offertory Envelopes Yes _____ No _____

Online Giving Yes _____ No _____

Home Phone _____

Mr. Work _____ Mr. Cell _____

Mrs. Work _____ Mrs. Cell _____

Mr. E-Mail _____

Mrs. E-Mail _____

Maiden Name _____

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	1st Comm Yes No	Confirmed Yes No	Married Yes No	Catholic Marriage Yes No	Language Spoken At Home
						Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Dependent Children Living At Home												
						Y/N	Y/N	Y/N	Y/N			
						Y/N	Y/N	Y/N	Y/N			
						Y/N	Y/N	Y/N	Y/N			
						Y/N	Y/N	Y/N	Y/N			
						Y/N	Y/N	Y/N	Y/N			

Husband's Occupation _____

Wife's Occupation _____

If Retired, Former Occupation _____

Place of Employment _____

Place of Employment _____

Physical Limitations _____

Would you like to receive the Catholic Telegraph: yes/ no

Do you desire an appointment with the Pastor for any reason? yes/ no

Is there any other information that you like to share with us about yourself or a 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 # _____

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