

CENSUS / REGISTRATION FORM – ST. THERESA CHURCH

Today's Date: _____

Head of Household:

Last Name _____ First Name: _____ Middle: _____

Home Address (include City, State, Zip)

Home Phone: (____) _____ Home Fax: (____) _____

E-Mail Address: _____

Marital Status: () Single () Married () Widowed () Divorced Sex: () Male () Female

Religion: _____ Date of Birth: _____

Sacraments Received (Indicate date and/or year): Baptism _____ First Communion _____

Confirmation: _____

If you are married, has your marriage been officially blessed by the Catholic Church? Yes ____ No ____

Date and Place of Marriage: _____

Occupation: _____ Employer: _____

Employer Phone: _____

A person's name and phone number, not living with you, to contact in case of **Emergency:**

Are you transferring from another parish in this Diocese: Yes ____ No ____

If so, what church? _____

Did you notify them that you were leaving? Yes ____ No ____

Spouse:

Last Name: _____ First Name: _____ Middle: _____

Religion: _____ Date of Birth: _____

Sacraments received: (Indicate Date and/or year): Baptism _____ First Communion _____

Confirmation: _____

Occupation: _____ Employer: _____

Employer Phone: _____

Children (Living at Home)

Child's Last Name _____ First Name _____ Middle: _____ Sex () M () F

Date of Birth _____

Sacraments Received (Indicate date and/or year): Baptism _____ First Communion _____

Confirmation _____

School attending _____ Grade _____

Continue on Reverse

Child's Last Name _____ First Name _____ Middle: _____ Sex () M () F

Date of Birth _____

Sacraments Received (Indicate date and/or year): Baptism _____ First Communion _____
Confirmation _____

School attending _____ Grade _____

Child's Last Name _____ First Name _____ Middle: _____ Sex () M () F

Date of Birth _____

Sacraments Received (Indicate date and/or year): Baptism _____ First Communion _____
Confirmation _____

School attending _____ Grade _____

Child's Last Name _____ First Name _____ Middle: _____ Sex () M () F

Date of Birth _____

Sacraments Received (Indicate date and/or year): Baptism _____ First Communion _____
Confirmation _____

School attending _____ Grade _____

Child's Last Name _____ First Name _____ Middle: _____ Sex () M () F

Date of Birth _____

Sacraments Received (Indicate date and/or year): Baptism _____ First Communion _____
Confirmation _____

School attending _____ Grade _____

Child's Last Name _____ First Name _____ Middle: _____ Sex () M () F

Date of Birth _____

Sacraments Received (Indicate date and/or year): Baptism _____ First Communion _____
Confirmation _____

School attending _____ Grade _____