



WELCOME

St. Therese Parish Registration Form

Instructions: 1. Please print 2. Fill in as completely as possible 3. Return to office by mail, collection basket or in person

Date _____

Envelope # _____ (Filled in by Rectory Office)

Last Name _____ First Name _____

Address _____

City _____

Home Phone Number _____ Cell Phone Number(s) _____

Email Address _____

Head of Household _____ Male Female (Please circle)

Date of Birth _____ Religion _____ Marital Status _____

If Married, Church Civil

Where _____ Date _____

Divorced _____ Annulment Yes No If yes, Date _____

Widowed Yes No

Previous Parish _____

Occupation _____ Highest Level of Education _____

Skills/Talents _____

Sacramental Information			
		Church of Record	Date, if known
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No		
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Volunteerism/Ministries of Interest _____

Remarks /Questions/ Concerns _____

Spouse _____ Maiden Name _____

Date of Birth _____ Religion _____ Marital Status _____

If Married, Church Civil

Where _____ Date _____

Divorced _____ Annulment Yes No If yes, Date _____

Widowed Yes No

Email Address _____

Previous Parish _____

Occupation _____ Highest Level of Education _____

Skills/Talents _____

Sacramental Information			
		Church of Record	Date, if known
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No		
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Volunteerism/Ministries of Interest _____

Remarks /Questions/ Concerns _____

OTHER FAMILY MEMBERS

First Name, Last Name (if different from Family Name) & Relationship	Catholic	Birth Date Mo/Da/Year	Baptized	Communion	Confirmed	Present School & Grade or Employer
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The information provided by you in this form, is used by the staff of St. Therese Parish to serve you better. All information is kept in the strictest confidence. If you have any questions, please feel free to call the Parish Rectory at 216-581-2852. Thank You

St. Therese Parish

5276 E. 105th St.

Garfield Heights, Oh 44125