

Family Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Best Email: \_\_\_\_\_

- New Registration  
 Update Information

**Marital Status:**  
 Single  
 Widowed  
 Married  
 Other:

**Office Use**  
 ID# \_\_\_\_\_  
 Rec'd \_\_\_\_\_  
 Entr'd \_\_\_\_\_  
 Change Date \_\_\_\_\_  
 Reason \_\_\_\_\_

Saint Teresa of Calcutta Parish				Member Information		Birth Date (M/D/Y)	Religion C-Catholic Specify other	Baptism	Eucharist	Confirmation
Adults										
_____ <b>First Name</b> <b>Middle Name</b> <b>Last Name</b> (if different from above) <b>Maiden name</b> (if app)				<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <b>Nickname</b> <b>Email</b> (if different from above) <b>Cell Phone</b> (if different from above)										
_____ <b>First Name</b> <b>Middle Name</b> <b>Last Name</b> (if different from above) <b>Maiden name</b> (if app)				<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <b>Nickname</b> <b>Email</b> (if different from above) <b>Cell Phone</b> (if different from above)										
Children										
_____ <b>First Name</b> <b>Middle Name</b> <b>Last (if different than above)</b> <b>Grade</b>				<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No
_____ <b>First Name</b> <b>Middle Name</b> <b>Last (if different than above)</b> <b>Grade</b>										
_____ <b>First Name</b> <b>Middle Name</b> <b>Last (if different than above)</b> <b>Grade</b>				<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No
_____ <b>First Name</b> <b>Middle Name</b> <b>Last (if different than above)</b> <b>Grade</b>										
_____ <b>First Name</b> <b>Middle Name</b> <b>Last (if different than above)</b> <b>Grade</b>				<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No	<input type="checkbox"/> Yes Date <input type="checkbox"/> No
_____ <b>First Name</b> <b>Middle Name</b> <b>Last (if different than above)</b> <b>Grade</b>										

