

St. Therese Catholic Church ~ Diocese of Venice

Parish Registration Form ~ (Please Print, Thank You)

Office Use Only. Thank You.

Envelope # _____ Date Registered _____

Please check one of the following:

Envelopes _____ Online Giving _____

Neither _____

Family (Last) Name _____

Home Address (street, apartment #) _____

City/State/Zip Code _____ Home Phone _____

His- Work Phone _____ Cell Phone _____ E-mail _____

Her- Work Phone _____ Cell Phone _____ E-mail _____

Permanent Resident _____ Seasonal Resident _____ How many Months Each Year _____ (Provide other Address)

Home Address (street, apartment #) _____

City/State/Zip Code _____ Home Phone _____

Emergency Contact _____ Phone # _____

First & Last Name Maiden Name	Date of Birth	Marital Status	Religion	Religion Baptized Date if Known	First Communion	Confirmed	Married by Priest	Date of Marriage	Occupation
					YES NO	YES NO	YES NO		
					YES NO	YES NO	YES NO		

Children Living at Home	Date of Birth	Sex	Religion	Religion Baptized Date if Known	First Communion	Confirmed	Name of School	Grade	Religion Classes
		F M			YES NO	YES NO			YES NO
		F M			YES NO	YES NO			YES NO
		F M			YES NO	YES NO			YES NO

Welcome to our St. Therese Parish Family Community