ST. MOTHER TERESA OF CALCUTTA, WINCHESTER

REGISTRATION FORM

Envelope # _____

Date: _____

Initials: _____

Family Last Name: _____ Date: ___/___/_____ Home Phone: (___) _____ - _____

Address (Include Apt. #): _____ City: _____ State: ___ Zip: _____

Mailing address (if different): _____ City: _____ State: ___ Zip: _____

Preferred language (please circle): English Spanish Vietnamese Tagalog Other: _____

Head of Household First Name: (please circle) Mr. Dr. Mrs. Ms. _____ Birthdate: ___/___/_____

Occupation: _____ Work: (___) _____ - _____ Cell: (___) _____ - _____ Email: _____

Spouse First Name: (please circle) Mr. Dr. Mrs. Ms. _____ Maiden: _____ Birthdate: ___/___/_____

Occupation: _____ Work: (___) _____ - _____ Cell: (___) _____ - _____ Email: _____

SACRAMENTS

Head of Household Baptism: ☐ Catholic ☐ Other _____ ☐ Reconciliation ☐ First Eucharist ☐ Confirmation

Spouse Baptism: ☐ Catholic ☐ Other _____ ☐ Reconciliation ☐ First Eucharist ☐ Confirmation

Marital Status (circle one) ☐ Catholic Marriage ☐ Civil Marriage ☐ Single ☐ Widowed ☐ Separated ☐ Divorced

Wedding Church: _____ City/State: _____ Date of Marriage: ___/___/_____

Is there a particular need that the parish may be of assistance to you? (i.e. Sacraments, Annulments, Converting to Catholicism (RCIA), House Blessing, etc.)

_____

_____

Do you have any special needs? ☐ Yes ☐ No

If yes, please specify: _____

DEMOGRAPHICS (Please check all that apply)

☐ African-American ☐ Asian/Pacific Islander ☐ Anglo

☐ Hispanic ☐ Native American ☐ Other (please specify):

** PLEASE COMPLETE REVERSE SIDE **

COMPLETE THE FOLLOWING FOR DEPENDENTS UNDER 21 YEARS LIVING IN YOUR HOME.

FAMLY MEMBERS OVER 21 YEARS SHOULD REGISTER SEPARATELY:

Name & Relationship	Date of Birth	Grade	Baptism	Reconciliation	First Communion	Confirmation
_____	____/____/_____	_____	Yes No	Yes No	Yes No	Yes No
_____	____/____/_____	_____	Yes No	Yes No	Yes No	Yes No
_____	____/____/_____	_____	Yes No	Yes No	Yes No	Yes No
_____	____/____/_____	_____	Yes No	Yes No	Yes No	Yes No
_____	____/____/_____	_____	Yes No	Yes No	Yes No	Yes No

TIME AND TALENT

Please indicate the areas in which you or your family members would like to become involved or would like more information.

(Indicate as follows: H=Head of Household, S=Spouse, C1,C2,C3, etc.= Children)

LITURGY

___ Choir (Mass Time: _____)
___ Children's Choir
___ Youth Ministry Choir
___ Instrumentalist (Mass Time: _____)
___ Altar Server (Mass Time: _____)
___ Sacristan (Mass Time: _____)
___ Eucharistic Minister (Mass Time: _____)
___ Lector (Mass Time: _____)
___ Usher (Mass Time: _____)
___ Greeter (Mass Time: _____)
___ Hospitality (Mass Time: _____)
___ Little Church
___ Environment & Art
___ AV Ministry
___ Altar Linen Care

COUNCILS & COMMITTEES

___ Finance Committee
___ Parish Pastoral Council
___ Building Committee

ADMINISTRATIVE/ RECTORY SUPPORT

___ Reception
___ Mass mailings
___ Filing
___ Copying
___ Short Term Projects
___ Ironing/Meal Prep
___ Technology Support
___ Graphics
___ Facilities Maintenance
___ Gardening/Lawncare
___ Photographer
___ Historian

MULTI-LINGUAL

___ Spanish Community
___ Filipino Community
___ Vietnamese Community

RENEWAL/SPIRITUALITY/ FORMATION/EVANGELIZATION

___ Knights of Columbus
___ Cursillo
___ Small Faith
___ Bible Study
___ Respect Life
___ Couples for Christ
___ Blue Army
___ Legion of Mary
___ Adoration of the Blessed Sacrament
___ Marriage Encounter
___ Dinner for Eight
___ Seder Dinner
___ Senior Singles

PASTORAL HOME/ MINISTRY OF CARE

___ Home visitation (English)
___ Home visitation (Spanish)
___ St. Martha's Food Pantry

EDUCATION

___ Faith Formation Teacher (Elementary)
___ Faith Formation Aide (Elementary)
___ Session Coordinator (Elementary)
___ CIA Teacher (Middle School)
___ CIA Aide (Middle School)
___ Session Coordinator (Middle School)
___ Confirmation & Youth Ministry
___ RCIA
___ Baptismal Team
___ Marriage Preparation/Convalidation
___ Sacramental Preparation/Parent Sessions
___ Vacation Bible School

When completed, please drop in collection basket, leave at the hospitality table, email to: contactus@smtoc.church

or mail to: 34750 Whisper Heights Parkway, Winchester, CA 92596