

Will your children be participating in our faith formation programs?  
Yes [ ] No [ ]

Would you be interested in our Preschool or Catholic Elementary School? (Grades K-8)  
Yes [ ] No [ ]

Please make comments, ask questions, or provide any additional information that will help us to know and serve you better. Please include any special needs you and your family might have, such as a homebound family member.

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# St. Therese Catholic Parish

## CONFIDENTIAL REGISTRATION FORM

*for pastoral use only*

If you have any questions regarding this form or any other special concerns please telephone:

St. Therese Parish Office  
582-3716

Please complete this form and enclose it in an envelope. Then, either place it in the offertory basket during mass, or mail it to:

St. Therese Catholic Parish  
6400 Saint Therese Way  
San Diego, CA. 92120-3018

# Welcome

## St. Therese Catholic Parish

Fr. Peter Bosque  
Pastor



**FAMILY NAME:** \_\_\_\_\_ Ethnic Origin \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Unlisted [ ]  
 Husband's Cell Phone: \_\_\_\_\_ Wife's Cell Phone \_\_\_\_\_

**Office Use**

Family ID #: \_\_\_\_\_  
 Reg. Date: \_\_\_\_\_

Marital Status (*Please circle one*): Married    Single    Divorced    Widowed

If married, was this marriage celebrated as a Sacrament within the Catholic Church? Yes [ ] No [ ]

Maiden Name of Wife \_\_\_\_\_

**Would you like to receive envelopes? Yes [ ] No [ ]**

E-mail Address: \_\_\_\_\_ Which Mass do you attend? (Sat. 5:00 p.m.) (7:00, 9:00, 11:00 a.m.) (Sun 5:00 p.m.)

**MEMBER INFORMATION**

	Head of Household	Spouse	Child	Child	Child	Child	Other Adults in Home
First Name & Middle Initial (and Last, if different from above)							
Male or Female							
Date of Birth							
Religion							
Grade/School/University							
Business/Occupation							

**SACRAMENTS RECEIVED**

Please include dates if known, otherwise indicate Yes or No

Baptism							
Eucharist							
Confirmation							
Marriage							