

# St. Theresa Catholic Church of the Diocese of Corpus Christ, Texas

## New Parishioner Registration Form

1302 Lantana St. Corpus Christi, Texas 78407

Phone: (361)289-2759 Fax: (361)442-2055

Email: [secretary@sainttheresacc.org](mailto:secretary@sainttheresacc.org) • [www.sainttheresacc.org](http://www.sainttheresacc.org)

Please PRINT all answers clearly and return to the parish office.

Family (Last) Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Registrant Name: \_\_\_\_\_ M  F  Preferred Name: \_\_\_\_\_  
Formal First Name & M.I.

Spouse Name: \_\_\_\_\_ M  F  Preferred Name: \_\_\_\_\_  
Formal First Name & M.I.

Address: \_\_\_\_\_

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

Primary Phone#: \_\_\_\_\_ **Okay to list?** Yes  No

Primary Email: \_\_\_\_\_

Publish Contact Information?  Yes  No

Please Check One:  Married  Single  Divorce  Separated  Widowed

If married, was it a Catholic Ceremony?  Yes  No

Date of Marriage: \_\_\_\_\_ Church/ Place of Marriage: \_\_\_\_\_

Previous Catholic Parish: \_\_\_\_\_ (Optional)

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

Personal Information	Registrant: (Circle One) Mr. Mrs. Ms. Miss. Dr.	Spouse: (Circle One) Mr. Mrs. Ms. Miss. Dr.
<b>Date of Birth</b>	mm/ dd / yy:	mm/ dd / yy:
<b>Religion</b>	Roman Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, other denomination: _____	Roman Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, other denomination: _____
<b>Sacraments Received (X)</b>	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage
<b>Cell Phone</b>		
<b>Occupation</b>		
<b>Employer Name</b>		
<b>Work Phone</b>		

Emergency Contact (Other than Spouse)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please also fill out the reverse side (page 2).

**CHILD / DEPENDENT INFORMATION (Living at Home)**

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\* Please note: if registering after June 1<sup>st</sup>, please indicate grade level entering in the fall.  
Children over age 22 are suggested to register separately.

**Please fill in all information below for your family.**

List each person in home	Child 1 <input type="checkbox"/> M <input type="checkbox"/> F	Child 2 <input type="checkbox"/> M <input type="checkbox"/> F	Child 3 <input type="checkbox"/> M <input type="checkbox"/> F	Child 4 <input type="checkbox"/> M <input type="checkbox"/> F	Child 5 <input type="checkbox"/> M <input type="checkbox"/> F
First Name					
Last Name					
Nickname					
Birthdate					
Religion					
Baptism (List Year/ Location)	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
1 <sup>st</sup> Communion (List Year/ Location)	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
Confirmation (List Year/ Location)	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
Grade					
School Attended					

Please note any special needs (i.e. physically challenged, shut-ins, etc.):

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Do you wish to receive the Diocesan Newspaper (The South Texas Catholic)?  Yes  No

If you have special skills and would like to make them available to the parish, please list in space provided: \_\_\_\_\_

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Other Comments: \_\_\_\_\_

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