

**ST. THERESA CATHOLIC CHURCH of the DIOCESE OF CORPUS CHRISTI, TEXAS
REGISTRATION FORM**

We recognize our parishioners on their birthday and / or anniversary in our weekly bulletin. THIS IS OPTIONAL.
 Yes! Publish our names in the bulletin during our birthday and / or anniversary month(s). No thank you. Keep our information private.

FAMILY'S LAST NAME: _____ **ID #** _____

STREET ADDRESS: _____ **ENV. #** _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

HOME PH #: _____ Unlisted We wish to receive envelopes for contributions.

HEAD OF HOUSEHOLD

LAST NAME: _____ **FIRST:** _____ **MIDDLE:** _____

TITLE: Mr. Mrs. Miss Dr. **SUFFIX:** Sr. Jr. III **PREFERRED NAME:** _____

MAIDEN NAME: _____ **e-MAIL:** _____

WORK PH. #: _____ **EXT.:** _____ **CELL PH. #:** _____

RELIGION: _____ **GENDER:** M F **DATE OF BIRTH:** ____ / ____ / ____

ANNIVERSARY: ____ / ____ / ____ **MARITAL STATUS:** SINGLE MARRIED DIVORCED WIDOWED

CIRCLE THE SACRAMENTS RECEIVED: BAPTISM 1ST COMMUNION 1ST CONFESSION CONFIRMATION SACRAMENTAL MARRIAGE

SPOUSE / OTHER ADULT

LAST NAME: _____ **FIRST:** _____ **M.:** _____

TITLE: Mr. Mrs. Miss Dr. **SUFFIX:** Sr. Jr. III **PREFERRED NAME:** _____

MAIDEN NAME: _____ **e-MAIL:** _____

WORK PH. #: _____ **EXT.:** _____ **CELL PH. #:** _____

RELIGION: _____ **GENDER:** M F **DATE OF BIRTH:** ____ / ____ / ____

ANNIVERSARY: ____ / ____ / ____ **MARITAL STATUS:** SINGLE MARRIED DIVORCED WIDOWED

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Print and complete form. Fax to: (361) 299 - 2018
Mail to: St. Theresa Catholic Church 1302 Lantana Street Corpus Christi, TX 78407

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CHILD

LAST NAME: _____ **FIRST:** _____ **MIDDLE:** _____

SUFFIX: Sr. Jr. III **PREFERRED NAME:** _____

RELATION TO HEAD OF HOUSEHOLD: Child Stepchild Grandchild Niece Nephew Other: _____

RELIGION: _____ **GENDER:** M F **DATE OF BIRTH:** ____ / ____ / ____

CIRCLE THE SACRAMENTS RECEIVED: **BAPTISM** **1ST COMMUNION** **1ST CONFESSION** **CONFIRMATION** **SACRAMENTAL MARRIAGE**

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SUFFIX: Sr. Jr. III **PREFERRED NAME:** _____

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