

SHRINE OF ST. THERESE REGISTRATION FORM

Name: _____ Maiden Name: _____
(Last) (First) (Initial)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Primary Phone: (____) ____-____ Phone Unlisted? ____ E-mail _____

Occupation: _____ If retired Please check here ____, but note previous occupation

Business Phone: (____) ____-____ Extention: _____

Marital Status: ____ Married ____ Single ____ Divorced ____ Widow/Widower

Date of Birth: ____/____/____ Gender: ____ Male ____ Female

Religion: ____ Catholic ____ Other _____
(Please Specify)

Baptism:	Communion:
Date: ____/____/____	Date: ____/____/____
Church _____	Church _____
City/State _____	City/State _____

Confirmation:	Marriage:
Date: ____/____/____	Date: ____/____/____
Church _____	Church _____
City/State _____	City/State _____

Current Ministries: _____

Ministries of Interest: _____

Skills: _____ Languages: _____

Remarks: _____

