

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.

St. Therese 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
619-582-3716

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 Church
6400 Saint Therese Way
San Diego, CA. 92120-3018



Welcome!

St. Therese Parish

Come join us to....

“Love God,
Serve Others,
Bear Fruit!”



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 []

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

E-mail Address: _____ Which Masses do you *usually* attend? (Sat. 5:00pm) (Sun. 8:00am or 10:30am; 5:00pm)

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							