

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 • 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#: _____ Is it unlisted? 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.
Date of Birth	mm/ dd/ yy:	mm/ dd/ yy:
Religion	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: _____
Sacraments Received (X)	<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
Cell Phone		
Occupation		
Employer Name		
Work Phone		

Emergency Contact (Other than Spouse)

Name: _____

Relationship: _____

Phone #: _____

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

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CHILD / DEPENDENT INFORMATION (Living at Home)

* Please note: if registering after June 1st, 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 1 <input type="checkbox"/> M <input type="checkbox"/> F	Child 1 <input type="checkbox"/> M <input type="checkbox"/> F	Child 1 <input type="checkbox"/> M <input type="checkbox"/> F	Child 1 <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 st 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 Attends					

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

Do you wish to receive the Archdiocesan Newspaper (The Georgia Bulletin)? Yes No

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

Other Comments: _____
