



# OUR LADY OF GOOD HELP AND ST. THERESA'S SHRINE

Office: 35 Dion Drive | Harrisville, RI 02830-1731  
401-568-8280

Date of Registration \_\_\_\_\_ Would you like to receive weekly envelopes Y / N

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Head of household)

Address \_\_\_\_\_  
Phone #s \_\_\_\_\_ E-mail \_\_\_\_\_  
Baptism (Church) \_\_\_\_\_ Town \_\_\_\_\_  
First Communion \_\_\_\_\_ Town \_\_\_\_\_  
Confirmation \_\_\_\_\_ Town \_\_\_\_\_

Single/ Married \_\_\_\_\_ Married by a priest? Y / N \_\_\_\_\_ Widow/ Widower \_\_\_\_\_

Wife's First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Baptism (Church) \_\_\_\_\_ Town \_\_\_\_\_  
First Communion \_\_\_\_\_ Town \_\_\_\_\_  
Confirmation \_\_\_\_\_ Town \_\_\_\_\_

Please list all members of your household:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Baptism (Church) \_\_\_\_\_ Town \_\_\_\_\_  
First Communion \_\_\_\_\_ Town \_\_\_\_\_  
Confirmation \_\_\_\_\_ Town \_\_\_\_\_

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First Communion \_\_\_\_\_ Town \_\_\_\_\_  
Confirmation \_\_\_\_\_ Town \_\_\_\_\_

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First Communion \_\_\_\_\_ Town \_\_\_\_\_  
Confirmation \_\_\_\_\_ Town \_\_\_\_\_

*Notre Dame de Bonsecours and Saint Thérèse de Lisieux pray for us.*

[www.burrillvillecatholic.org](http://www.burrillvillecatholic.org)