



BLESSED TERESA OF CALCUTTA REGISTRATION FORM

Envelope # _____

Date: _____

Initial: _____

DATE: _____

FAMILY LAST NAME: _____

ADDRESS (Include Apt. #): _____

CITY: _____ ZIP: _____

HOME PHONE: _____ E-MAIL: _____

HEAD OF HOUSEHOLD: (Please circle) Mr. Dr. Mrs. Ms. _____

Birthdate: ____/____/____ SACRAMENTS: Baptism: Catholic (RCIA) Other _____
Reconciliation First Eucharist Confirmed

Occupation: _____ Work # _____ Cell # _____ E-mail: _____

MARITAL STATUS (Check one): Catholic Marriage Civil Marriage Single Widowed Separated Divorced

Wedding Church/City _____ Anniversary Date ____/____/____

SPOUSE: (Please circle) Mr. Dr. Mrs. Ms. _____ MAIDEN NAME: _____

Birthdate: ____/____/____ SACRAMENTS: Baptism: Catholic (RCIA) Other _____
Reconciliation First Eucharist Confirmed

Occupation: _____ Work #: _____ Cell # _____ E-mail: _____

NAME OF PREVIOUS PARISH: _____ CITY/STATE: _____

COMPLETE THE FOLLOWING FOR DEPENDENTS UNDER 21 YEARS LIVING IN YOUR HOME. FAMILY MEMBERS OVER 21 YEARS MAY REGISTER SEPARATELY:

(Check if Sacrament has been received. Add date if known.)

| Name and Relationship | Date of Birth | Grade | Baptism | Reconciliation | First Communion | Confirmation | Special Needs? |
|-----------------------|----------------|-------|--------------------------|--------------------------|-----------------|--------------------------|----------------|
| _____ | ____/____/____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | <input type="checkbox"/> | ____/____/____ |
| _____ | ____/____/____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | <input type="checkbox"/> | ____/____/____ |
| _____ | ____/____/____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | <input type="checkbox"/> | ____/____/____ |
| _____ | ____/____/____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | <input type="checkbox"/> | ____/____/____ |
| _____ | ____/____/____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | <input type="checkbox"/> | ____/____/____ |
| _____ | ____/____/____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | <input type="checkbox"/> | ____/____/____ |

(Use back of form if more room is needed)

**WHEN COMPLETED, PLEASE DROP IN COLLECTION BASKET, AT THE HOSPITALITY TABLE,
OR MAIL TO 31579 VINTNERS POINTE CT, WINCHESTER CA 92596**

Registration Form-Rev. 3/08