



Welcome to St. Therese Parish

REGISTRATION FORM

9525 W Bluemound Rd, Milwaukee, WI 53226

Phone: (414) 771-2500 ♦ Fax: (414) 771-2410

sainttheresemilwaukee.org ♦ info@sainttheresemilwaukee.org

Please fill out this form as completely as possible. Return it to the Parish Office, or drop it in the collection basket at any Mass.

PLEASE PRINT CLEARLY

FAMILY INFORMATION

<input type="checkbox"/> New Registration <input type="checkbox"/> Update		Please send me Weekly Offering Envelopes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Registration: <input type="checkbox"/> New in Town/Parish <input type="checkbox"/> Baptism <input type="checkbox"/> Marriage <input type="checkbox"/> CCD Program <input type="checkbox"/> Other _____			
Family Name:		Title: <input type="checkbox"/> Mr & Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	
Address:		City:	State, Zip:
Home Phone: ()		Emergency Contact: ()	Relation:

HEAD OF HOUSEHOLD INFORMATION (OR SINGLE ADULT)

First Name:		Middle:	Last:	Maiden:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Birth Place:		Religion:
Ethnicity:		Cell phone: ()	E-mail:	
Occupation:		Employer:	Work Phone: ()	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (please fill in next line) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed*				
<input type="checkbox"/> Civil Ceremony <input type="checkbox"/> Church Ceremony		Date:	Church/Location:	City, State:
*(If Widowed) Deceased Name:		Date of Death:	Funeral Location:	
Baptism:	Y N	Date:	Church:	City, State:
Reconciliation:	Y N	Date:	Church:	City, State:
First Communion:	Y N	Date:	Church:	City, State:
Confirmation:	Y N	Date:	Church:	City, State:
Disabilities/Special Needs:				

SPOUSE INFORMATION (OR OTHER ADULT)

First Name:		Middle:	Last:	Maiden:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Birth Place:		Religion:
Ethnicity:		Cell phone: ()	E-mail:	
Occupation:		Employer:	Work Phone: ()	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (please fill in next line) <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed*				
<input type="checkbox"/> Civil Ceremony <input type="checkbox"/> Church Ceremony		Date:	Location:	City, State:
*(If Widowed) Deceased Name:		Date of Death:	Funeral Location:	
Baptism:	Y N	Date:	Church:	City, State:
Reconciliation:	Y N	Date:	Church:	City, State:
First Communion:	Y N	Date:	Church:	City, State:
Confirmation:	Y N	Date:	Church:	City, State:
Disabilities/Special Needs:				

CHILD OR OTHERS LIVING AT HOME (OVER 18 SHOULD REGISTER SEPARATELY)

First Name:		Middle:		Last:		Relationship:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:		Birth Place:		Religion:	
Ethnicity:		School:		Grade:			
Baptism:	Y	N	Date:	Church:		City, State:	
First Communion:	Y	N	Date:	Church:		City, State:	
Reconciliation:	Y	N	Date:	Church:		City, State:	
Confirmation:	Y	N	Date:	Church:		City, State:	
Disabilities/Special Needs:							

CHILD OR OTHERS LIVING AT HOME

First Name:		Middle:		Last:		Relationship:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:		Birth Place:		Religion:	
Ethnicity:		School:		Grade:			
Baptism:	Y	N	Date:	Church:		City, State:	
First Communion:	Y	N	Date:	Church:		City, State:	
Reconciliation:	Y	N	Date:	Church:		City, State:	
Confirmation:	Y	N	Date:	Church:		City, State:	
Disabilities/Special Needs:							

CHILD OR OTHERS LIVING AT HOME

First Name:		Middle:		Last:		Relationship:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:		Birth Place:		Religion:	
Ethnicity:		School:		Grade:			
Baptism:	Y	N	Date:	Church:		City, State:	
First Communion:	Y	N	Date:	Church:		City, State:	
Reconciliation:	Y	N	Date:	Church:		City, State:	
Confirmation:	Y	N	Date:	Church:		City, State:	
Disabilities/Special Needs:							

CHILD OR OTHERS LIVING AT HOME

First Name:		Middle:		Last:		Relationship:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:		Birth Place:		Religion:	
Ethnicity:		School:		Grade:			
Baptism:	Y	N	Date:	Church:		City, State:	
First Communion:	Y	N	Date:	Church:		City, State:	
Reconciliation:	Y	N	Date:	Church:		City, State:	
Confirmation:	Y	N	Date:	Church:		City, State:	
Disabilities/Special Needs:							

AREAS OF INTEREST (PLEASE CHECK THE AREAS THAT YOU WOULD LIKE MORE INFORMATION ABOUT)

- | | | |
|---|---|---|
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Art & Environment Committee | <input type="checkbox"/> Prayer & Worhsip Committee |
| <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Building & Grounds Committee | <input type="checkbox"/> St Vincent dePaul Society/Meal Program |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> ChristCare Ministry | <input type="checkbox"/> Sharing Sunday Committee |
| <input type="checkbox"/> Lector | <input type="checkbox"/> Health & Wholeness Committee | <input type="checkbox"/> Sistering Committee |
| <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Catechesis Minister/Helper | <input type="checkbox"/> Social Concerns Committee |
| <input type="checkbox"/> Usher Society | <input type="checkbox"/> MICAHA Core Team | <input type="checkbox"/> Welcoming Committee |

Is there anything else you would like us to know about you or your family?

SIGNATURE

I understand that by becoming a member of St. Therese Parish I am called to attend Mass regularly at the Parish, contribute financially as I am able, and support the parish ministries.

Signature	Date
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OFFICE USE PDS Parish Director Welcoming Committee Bulletin Envelope Number: