



Welcome to St. Therese Parish

PARISH REGISTRATION FORM

9525 W Bluemound Rd, Milwaukee, WI 53226 • Phone (414) 771-2500
 sttheresemke.org • info@sttheresemke.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	
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: ()		Home Email:	

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:
Special Needs/Considerations:				

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"/> 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:
Special Needs/Considerations:				

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:	
Special Needs/Considerations:							

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:	
Special Needs/Considerations:							

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:	
Special Needs/Considerations:							

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:	
Special Needs/Considerations:							

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"/> Human Concerns Committee
<input type="checkbox"/> Eucharistic Minister	<input type="checkbox"/> Baker (cake, cookies, brownies)	<input type="checkbox"/> Prayer & Worship Committee
<input type="checkbox"/> Greeter	<input type="checkbox"/> Building & Grounds Committee	<input type="checkbox"/> Respect Life Committee
<input type="checkbox"/> Lector	<input type="checkbox"/> Catechist or Youth Ministry Helper	<input type="checkbox"/> St Vincent dePaul Society/Meal Program
<input type="checkbox"/> Music Ministry	<input type="checkbox"/> Funeral Lunch Ministry	<input type="checkbox"/> Sharing Sunday Committee
<input type="checkbox"/> Usher Ministry	<input type="checkbox"/> Earth Stewardship Ministry	<input type="checkbox"/> Other: _____

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: <input type="checkbox"/> PDS <input type="checkbox"/> Parish Administrator <input type="checkbox"/> Bulletin ID/Envelope Number:
