

St. Teresa of Avila Roman Catholic Church
Member Registration Form

(Please fill out a Member Registration Form for EACH member of the household)

Relationship: _____
(example: head of household, spouse, son)

Last Name: _____
First Name: _____
Nickname: _____
Maiden Name: _____
Title: _____

Gender: MALE / FEMALE
Date of Birth: _____

Grade/Degree: _____
Marital Status: _____
Language Spoken: _____
Ethnicity: _____
Religion: _____
Disability: _____
Race: _____
Occupation: _____
School: _____

Birthplace: _____
Birth Father: _____
Birth Mother: _____
Mother's Maiden Name: _____

Talents

I would like to volunteer the following skills:

Ministries

I would like to volunteer for the following ministries: _____

BAPTISM

Baptismal Name: _____
Date: _____
Performed by: _____
Church Name: _____
Church Address: _____
Sponsor(s): _____

FIRST RECONCILIATION

Date: _____
Performed by: _____
Church Name: _____
Church Address: _____

FIRST COMMUNION

Date: _____
Performed by: _____
Church Name: _____
Church Address: _____

CONFIRMATION

Confirmation Name: _____
Date: _____
Performed by: _____
Church Name: _____
Church Address: _____
Sponsor: _____

MARRIAGE

Name of Spouse: _____
Date: _____
Performed by: _____
Church Name: _____
Church Address: _____
Witness(es): _____