



Blessed Teresa of Calcutta Parish Registration

	Head of Household	Spouse
Title (Circle one)	Mr. Mrs. Miss Ms. Dr. Rev. Other: _____	Mr. Mrs. Miss Ms. Dr. Rev. Other: _____
First Name		
Middle (or Maiden) Name		
Last Name		
Sex (check one)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthday, month, day, year	Date: ____ / ____ / ____	Date: ____ / ____ / ____
Preferred or Nick Name		
Address City, State / Zip		
2 nd or vacation address (From ____ to ____) Address City, State / Zip		
Home Phone	() - <input type="checkbox"/> unlisted	() - <input type="checkbox"/> unlisted
Work Phone	() -	() -
Cell Phone	() -	() -
Fax #	() -	() -
e-mail address		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married (by a Cath Priest <input type="checkbox"/> Yes <input type="checkbox"/> No)	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married (by a Cath Priest <input type="checkbox"/> Yes <input type="checkbox"/> No)
Anniversary Date:	Date: ____ / ____ / ____	
Occupation		
Employer		
Member Type	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Significant Other	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Significant Other
Religion		
Baptized	<input type="checkbox"/> Yes Date: ____ / ____ / ____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Date: ____ / ____ / ____ <input type="checkbox"/> No
Ethnicity	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____

Children / Other Members in Household

Name (First, middle, last)	Birthdate	Baptized	Confirmed	Relationship to Head of Household
	____ / ____ / ____	<input type="checkbox"/> Yes Date: ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade School Attending			Grade Level:	
	____ / ____ / ____	<input type="checkbox"/> Yes Date: ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade School Attending		Grade Level:		
	____ / ____ / ____	<input type="checkbox"/> Yes Date: ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade School Attending		Grade Level:		
	____ / ____ / ____	<input type="checkbox"/> Yes Date: ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade School Attending		Grade Level:		
	____ / ____ / ____	<input type="checkbox"/> Yes Date: ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade School Attending		Grade Level:		