



SAINT THEODORE CATHOLIC CHURCH
NEW PARISHIONER REGISTRATION

SK _____
 OSV _____
 FN _____
 Letter _____

St. Louis Review? Y _____ N _____

FAMILY INFORMATION

Family Name			
Street Address		Apartment / Unit #	
City / State	Zip	Home Phone	<input type="checkbox"/> Check if unlisted

HEAD OF HOUSEHOLD

Last Name	First Name	Maiden Name	Middle Initial
Preferred Name	Title	Sex	Birthdate
Email Address		Cell Phone	<input type="checkbox"/> Check if unlisted
Employer		Occupation	
Baptized Yes No	Date	Church	
First Communion Yes No	Date	Confirmation Yes No	Date
Marital Status	Date of Marriage	Location of Wedding	

SPOUSE

Last Name	First Name	Maiden Name	Middle Initial
Preferred Name	Title	Sex	Birthdate
Email Address		Cell Phone	<input type="checkbox"/> Check if unlisted
Employer		Occupation	
Baptized Yes No	Date	Church	
First Communion Yes No	Date	Confirmation Yes No	Date
Marital Status	Date of Marriage	Location of Wedding	

CHILDREN LIVING AT HOME

Last Name	First Name	Middle Initial	Gender	Grade
Date of Birth Yes No	Baptized	Church		Date
First Communion Yes No	Date	Confirmation Yes No	Date	
Last Name	First Name	Middle Initial	Gender	Grade
Date of Birth Yes No	Baptized	Church		Date
First Communion Yes No	Date	Confirmation Yes No	Date	
Last Name	First Name	Middle Initial	Gender	Grade
Date of Birth Yes No	Baptized	Church		Date
First Communion Yes No	Date	Confirmation Yes No	Date	