

Env. # \_\_\_\_\_

Registration Date \_\_\_\_\_



SAINT TERESA OF CALCUTTA PARISH

### Parish of St. Teresa of Calcutta

### Family Registration Form

501 Brinley Avenue, Bradley Beach, NJ 07720 (732) 774-0456

#### Family Information

Previous Parish/ Place \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing Names \_\_\_\_\_

Family Email \_\_\_\_\_

Home Phone ( ) - \_\_\_\_\_

Emergency Phone ( ) - \_\_\_\_\_

#### Address Information

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Receive Visits – Details: \_\_\_\_\_

#### Adult Member Information – Head of Household

Full Name \_\_\_\_\_

Gender **M / F**

Nick Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Maiden-Name \_\_\_\_\_

Birth Place \_\_\_\_\_

Email \_\_\_\_\_

Cell \_\_\_\_\_

Religion \_\_\_\_\_

Baptized?

Reconciliation?

First Communion?

Confirmed?

Marital Status \_\_\_\_\_

Valid Catholic Marriage?

Church /Place of Marriage \_\_\_\_\_

#### Adult Member Information – Spouse/ Other

Full Name \_\_\_\_\_

Gender **M / F**

Nick Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Maiden-Name \_\_\_\_\_

Birth Place \_\_\_\_\_

Email \_\_\_\_\_

Cell \_\_\_\_\_

Religion \_\_\_\_\_

Baptized?

Reconciliation?

First Communion?

Confirmed?

Marital Status \_\_\_\_\_

Valid Catholic Marriage?

Church /Place of Marriage \_\_\_\_\_

**Dependent Child Information - under Age 18 (Independent children over 18 should register separately)**

**First Dependent Child**

Full Name \_\_\_\_\_

Gender **M / F**

Nick Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Birth Place \_\_\_\_\_

Special Needs \_\_\_\_\_

Religion \_\_\_\_\_

Baptized?

Reconciliation?

First Communion?

Confirmed?

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**Second Dependent Child**

Full Name \_\_\_\_\_

Gender **M / F**

Nick Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Birth Place \_\_\_\_\_

Special Needs \_\_\_\_\_

Religion \_\_\_\_\_

Baptized?

Reconciliation?

First Communion?

Confirmed?

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**Third Dependent Child**

Full Name \_\_\_\_\_

Gender **M / F**

Nick Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Birth Place \_\_\_\_\_

Special Needs \_\_\_\_\_

Religion \_\_\_\_\_

Baptized?

Reconciliation?

First Communion?

Confirmed?

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**Fourth Dependent Child**

Full Name \_\_\_\_\_

Gender **M / F**

Nick Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Birth Place \_\_\_\_\_

Special Needs \_\_\_\_\_

Religion \_\_\_\_\_

Baptized?

Reconciliation?

First Communion?

Confirmed?

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**Please return this completed form to Rectory by mail, by email at [saintteresa@stocp.org](mailto:saintteresa@stocp.org), by fax at 732-775-9335, or in the collection basket on Sundays.**