



CO-CATHEDRAL OF SAINT THERESA
OF THE CHILD JESUS

Religious Education Registration Form

PARENTS CATECHESIS AND SPIRITUALITY DEVELOPMENT

Name : _____ Gender: Male: ___ Female: ___
(Last Name) (First Name) (Middle Name)

Name of Parish : _____ Registered: ___ Yes ___ No

Primary Address: _____ Apt# _____ City _____ Zip _____

Contact Info: Home number _____ Cell: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Sacraments Received	Name of church	Location
Baptism		
First Communion		
Confirmation		

If married: Are you married in:

- The Catholic Church Other Church: _____
(Name of the church)
 Civil Living together

Signature _____

Date: _____

Revised September 2015

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