

*St. Teresa of Avila Parish
11600 Atwood Road
Auburn, CA 95603
(530) 889-2254, fax (530)889-2643*

Confidential Registration Form

Welcome to St. Teresa of Avila Parish Community! In order for us to best serve you and your needs, please provide us with the following information.

Last Name: _____ **First:** _____ **Date of Birth** _____
Address: _____ **Phone #:** _____
City/State: _____ **Zip Cpde:** _____ **Cell #** _____
E-Mail Address: _____
Occupation: _____ **Work #:** _____

Baptized: Yes | | No | | **In What Religion:** _____ **First Communion:** Yes | | No: | |
Confirmation: Yes | | No | | **Married in the Catholic Church:** Yes | | No | | **If No, Please Explain:** _____

Spouse Name: _____ **Maiden Name:** _____ **Date of Birth:** _____
Occupation: _____ **Cell #:** _____ **Work #:** _____
Baptized: Yes | | No | | **In What Religion:** _____
First Communion: Yes | | No | | **Confirmation:** Yes | | No | |

Child Name: _____ **Date of Birth:** _____
Baptized: Yes | | No | | **In What Religion:** _____
First Communion: Yes | | No | | **Confirmation:** Yes | | No | |

Child Name: _____ **Date of Birth:** _____
Baptized: Yes | | No | | **In What Religion:** _____
First Communion: Yes | | No | | **Confirmation:** Yes | | No | |

Child Name: _____ **Date of Birth:** _____
Baptized: Yes | | No | | **In What Religion:** _____
First Communion: Yes | | No | | **Confirmation:** Yes | | No | |

Child Name: _____ **Date of Birth:** _____
Baptized: Yes | | No | | **In What Religion:** _____
First Communion: Yes | | No | | **Confirmation:** Yes | | No | |

Are there any Sacraments you need help with as an Adult? _____

Interested in placing your children in our Catholic School? Yes | | No | | Religious Education? Yes | | No | |
Youth Group 14-18? Yes | | No | |

Reason I/we have chosen to be a parishioner of St. Teresa of Avila Parish: _____

I am coming to St. Teresa's from: _____

Helpful information: Single Married Widowed Divorced Ethnic Origin: _____

St. Teresa of Avila parish is open to all who seek guidance in their faith journey and look for Christian assistance in their daily living. What can we do to best assist and serve you? How can we meet your needs? What do you seek from St. Teresa of Avila parish? _____

Our parish is always in need of Lay Ministers who can contribute time, talent and treasure. Using the following list, please indicate which ministry, or ministries, you would like to participate in:

- | | | | |
|---|--------------------------|---------------------------------------|--------------------------|
| Altar Servers: | <input type="checkbox"/> | Rosary Group: | <input type="checkbox"/> |
| Children's Liturgy: | <input type="checkbox"/> | Spiritual Library: | <input type="checkbox"/> |
| Ecumenical Ministry: | <input type="checkbox"/> | Vacation Bible School: | <input type="checkbox"/> |
| Art/Environment: | <input type="checkbox"/> | Vocations: | <input type="checkbox"/> |
| Eucharistic Adoration: | <input type="checkbox"/> | Altar Society: | <input type="checkbox"/> |
| Extraordinary Ministers of the Eucharist: | <input type="checkbox"/> | Angel Food Funeral Ministry: | <input type="checkbox"/> |
| Greeters & Ushers: | <input type="checkbox"/> | Bible Study: | <input type="checkbox"/> |
| Lectors: | <input type="checkbox"/> | Building Priorities Committee: | <input type="checkbox"/> |
| Music Ministers: | <input type="checkbox"/> | Church Keeping: | <input type="checkbox"/> |
| Summer Liturgical Music Camp: | <input type="checkbox"/> | Circle of Friends/Helping Shut Ins: | <input type="checkbox"/> |
| Adult Faith Formation: | <input type="checkbox"/> | Display Cases/Literature Rack: | <input type="checkbox"/> |
| Baptism Classes: | <input type="checkbox"/> | Gathering Inn/Feed The Needy: | <input type="checkbox"/> |
| Interpretative Mass for the Deaf: | <input type="checkbox"/> | Grief Support: | <input type="checkbox"/> |
| Marriage Preparation: | <input type="checkbox"/> | Legion of Mary: | <input type="checkbox"/> |
| Prayer Partners: | <input type="checkbox"/> | Marriage Encounter: | <input type="checkbox"/> |
| RCIA (Rite of Christian Initiation for Adults): | <input type="checkbox"/> | St. Joseph Catholic School: | <input type="checkbox"/> |
| RCIC (Rite of Christian Initiation for Youth): | <input type="checkbox"/> | St. Joseph Preschool/Day Care Center: | <input type="checkbox"/> |
| Religious Education: | <input type="checkbox"/> | St. Vincent de Paul Society: | <input type="checkbox"/> |

Please indicate choice of the following:

Weekly Contribution Envelopes _____ *Credit Card Contribution* _____

Office Use Only: Envelope # _____ Date Registered: _____

Welcome Letter: _____ **Credit Card Form Sent:** _____

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