

St. Therese – Little Flower Catholic Church
4720 E 13th Street
Indianapolis, IN 46201

PARISH REGISTRATION FORM Today's Date _____
(please fill out both sides)

Family Last Name Primary E-Mail Address (if applicable)

Title (Mr., Mrs, Ms, etc.) First Name Initial Spouse First Name Spouse Maiden Name (if Applicable)

Street Address City State Zip

Phone Number Unlisted: Yes / No (circle one) _____ # of Children _____ # of Children at home

Marital Status (check one): _____ Married by Priest _____ Married by Minister _____ Married by Justice of Peace
_____ Never Married _____ Divorced _____ Separated
_____ Widowed

Other Comments: _____

Check if applicable: _____ I would like someone to contact me regarding:

Office Use Only:
_____ PDS _____ Archdiocesan Database _____ Welcome Letter and Directory _____ Envelopes _____ Phone
Phone Contact _____

Envelope # _____

FAMILY INFORMATION

Please use approximate dates if exact dates are not known

	Head of Household	Spouse	Child	Child	Child	Other
Last Name						
Maiden Name if applicable						
First Name and Initial						
Gender (M or F)						
Birth Date (month/date/year)						
E-Mail Address						
Religion						
Date of Baptism if applicable						
Date of First Reconciliation						
Date of First Communion						
Date of Confirmation						
Date of Marriage if applicable						
Current Grade Level if applicable						
School Attending if applicable						
Highest Grade Completed						
Other Languages Spoken						
Occupation						
Place of Employment						
Work Phone						