ST. THERESE OF LISIEUX REGISTRATION

Date:_____

Dual parish registration is welcomed.

What best describes your residence pattern in the parish? Year round ___ Weekend year round ___ Part time ___

FAMILY NAME:		
MONTAUK STREET ADDRESS:		
MONTAUK MAILING ADDRESS:		
DATES OF RESIDENCE IN MONTAUK:		
MONTAUK TELEPHONE NO:	**CELL PHONE NO:**	
ALTERNATE ADDRESS:	**STREET**	**TOWN & ZIP**
ALTERNATE TELEPHONE NO:	**Email address:**	

____Yes, I want to receive envelopes from St. Therese. ___ All Year ____Summer only _____Yes, I would like to register with Faith Direct.

Please include me on the St. Therese Mailing List for our newsletter ____

PLEASE LIST EVERYONE WHO LIVES AT THIS ADDRESS. Include yourself , other adults and all children, including college students.

Last Name	First Name	Sex M/F	DOB M/D/Y	Religion	Bapt. Y/N	H.Comm Y/N	Conf. Y/N	Marital Status M/D/W/S	Relationship	Occupation