



## St. Theresa Roman Catholic Church

25 West Lipoa Street, Kihei, Maui, Hawai'i, 96753-8128  
Telephone: (808) 879-4844 • Facsimile: (808) 879-0045 ext 25  
website: <http://saint-theresa.com/> Email: [kmartin@rcchawaii.org](mailto:kmartin@rcchawaii.org)

### FAMILY INFO

Father Full Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Mother Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Guardian Full Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Who is responsible for child's Religious Education?  
(please check all that apply)  Both Parents  Father  Mother  Guardian

Marital Status of Child's Parents (please check all that apply)  
 Married  Civil Marriage  Separated  Divorced  Remarried

Date of Marriage \_\_\_\_\_ Church Name \_\_\_\_\_

Student Full Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
School Attending \_\_\_\_\_ School Grade \_\_\_\_\_ RE Grade \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Language \_\_\_\_\_ Ethnicity \_\_\_\_\_

In an effort to be good stewards, environmentally friendly and cut costs we would like to communicate through email whenever possible. The best way to communicate with my family is:  
(Please check all that apply)

email  text  paper announcements  phone call

# SACRAMENTS

Birthdate: \_\_\_\_\_ Birthplace \_\_\_\_\_

Baptism: Name \_\_\_\_\_

Date: \_\_\_\_\_

Performed by: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

Godparent (s) \_\_\_\_\_

1st Communion Date: \_\_\_\_\_

Performed by \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Confirmation Name \_\_\_\_\_

Date: \_\_\_\_\_

Performed by: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

Sponsor (s) \_\_\_\_\_

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## Office Use Only

Date: \_\_\_\_\_

Amount Paid \_\_\_\_\_

Type: \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Clerk Initial \_\_\_\_\_

Input in PDS \_\_\_\_\_ Date: \_\_\_\_\_ Initial \_\_\_\_\_