

**CHURCH OF ST. THERESE THE LITTLE FLOWER  
PARISH REGISTRATION FORM**

**800 University Ave W. Minot ND 58703**

**Parish Office: 701-838-1520 Rectory: 701-837-5943**

Website: [www.LittleFlowerMinot.com](http://www.LittleFlowerMinot.com)

Email: [LittleFlowerMinot@gmail.com](mailto:LittleFlowerMinot@gmail.com)

Please complete first page for **EACH Adult Catholic person in your household** and return by mail, drop off at the church office or put in the weekly collection.

1. Title (Mr., Mrs., Miss, etc.) 1. \_\_\_\_\_
2. First Name 2. \_\_\_\_\_
3. Middle Name 3. \_\_\_\_\_
4. Last Name 4. \_\_\_\_\_
5. Maiden Name (if applicable) 5. \_\_\_\_\_
6. Spouse's Name (note NC if non-Catholic) 6. \_\_\_\_\_
7. Street Address 7. \_\_\_\_\_
8. Mailing Address (if different than Street address) 8. \_\_\_\_\_
9. City & Zip Code 9. \_\_\_\_\_
10. E-Mail Address 10. \_\_\_\_\_
11. Cell Phone #1 11. \_\_\_\_\_
12. Cell Phone #2 12. \_\_\_\_\_
13. Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
14. Male \_\_\_\_\_ Female \_\_\_\_\_
15. Sacraments – Please mark those received.  
\_\_\_\_\_Baptism      \_\_\_\_\_First Communion      \_\_\_\_\_Confirmation
16. Marital Status      \_\_\_\_\_Catholic Spouse      \_\_\_\_\_Non-Catholic Spouse  
                                 \_\_\_\_\_Single                      \_\_\_\_\_Widowed      \_\_\_\_\_Civil Marriage  
                                 \_\_\_\_\_Re-married, no declaration of nullity (annulment)
17. Date of Marriage Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
18. Parish \_\_\_\_\_ Celebrant \_\_\_\_\_
19. Registration      \_\_\_\_\_Renewal-Established Parishioner      \_\_\_\_\_New Parishioner
20. Contributions      Do you receive offertory envelopes?      Yes      No  
                                 If not, do you want to receive them?      Yes      No  
                                 If yes, do you want to continue receiving them?      Yes      No

**Children Birth – High School** **Check if received**

Name (First/Middle/Last)	M/F	Birthdate	Baptism Date	First	Confirmation
		City, State	Church, City & State	Communion	


**Older Grown Children Living at home only. Please let us know if they move** **Check if received**

Name (First/Middle/Last)	M/F	Birthdate	Baptism Date	First	Confirmation
		City, State	Church, City & State	Communion	


**Parish Stewardship**

Please check if interested or currently involved & include name of family member. Thank you!

- |                          |            |   |
|--------------------------|------------|---|
| ___ Altar Server         | Sat or Sun | ___ Adoration                               |
| ___ Choir                | Sat or Sun | ___ CGS Trained Instructor                  |
| ___ Eucharistic Minister | Sat or Sun | ___ Youth, Confirmation & College           |
| ___ Greeter              | Sat or Sun | ___ Knights of Columbus                     |
| ___ Lead the Rosary      | Sat or Sun | ___ Prayer Chain                            |
| ___ Lector               | Sat or Sun | ___ Homebound Eucharistic Minister          |
| ___ Usher                | Sat or Sun | ___ Church Cleaning (when needed)           |
| ___ Sacristan            | Sat or Sun | ___ Visit Shut-in/Nursing Home              |
| ___ Scrip Sales          | Sat or Sun | ___ Grounds keeping/watering, flower beds,  |
|                          |            | ___ Help with Funeral's (Baking or Serving) |
|                          |            | ___ Rosary Group                            |

Updated 11/21/24 **Comments:**