

Env# \_\_\_\_\_

**Saint Thomas the Apostle Catholic Church  
Parish Registration Form**

	HEAD OF HOUSEHOLD	SPOUSE	CHILD	CHILD	CHILD	CHILD	CHILD
First Name							
Last Name							
Marital Status							
Religion							
Handicap?							
Language							
Occupation							
<b>Are you a veteran?</b>							
Work Phone							
Gender (M or F)							
Date of Birth							
Date of Baptism							
Date of 1 <sup>st</sup> communion							
Date of Confirmation							
Date of First Penance							
Date of Marriage Date							

**HEAD OF HOUSEHOLD: Title (circle one)**

Mr. & Mrs.    Mr.    Mrs.    Ms.    Miss

Dr.    Dr. & Mrs.    Dr. & Mr.    Drs.

**Additional Comments or Remarks**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Unlisted? Y N

Business \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**E-mail** \_\_\_\_\_

**MARITAL STATUS:**

Church Marriage \_\_\_\_\_ Civil \_\_\_\_\_ Single \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**IN THE EVENT OF A FAMILY EMERGENCY**

**PLEASE CALL THE FOLLOWING:**

NAME \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please let us know how your family would like to become involved in various ministries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special needs or preferences: (Homebound names, transportation, language preferences, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to receive weekly offering envelopes? **(circle one)**    Yes    No

**Or**

Would you prefer online giving? **(circle one)**    Yes    No



**Parish**

**Registration**

**Date** \_\_\_\_\_

**Welcome!**

**Please complete the information on the back of this form. Thanks!**