

ST. THOMAS AQUINAS REGISTRATION FORM

Please complete registration below and include information on all members of your household, including non-Catholic family members. **PLEASE PRINT.**

Office Use: <input type="checkbox"/> Computer <input type="checkbox"/> Post Card <input type="checkbox"/> OSV,CSA,CS Date _____ Envelope # _____
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Family Last Name: _____ Home/Cell Phone # _____

Mailing address: _____
street city state zip

E-mail address: _____

Name of previous parish: _____

Name some of the volunteer ministries you were involved in at your previous parish(es):

ADULT MALE OF HOUSEHOLD

Name _____
first middle last

Date of Birth ____/____/____ Religion: _____

Sacraments Celebrated (please circle): Baptism Eucharist Confirmation

Marital Status (please circle): Married Single Widowed Divorced Separated

Married according to guidelines of the Catholic Church: Yes No Date of Marriage _____

If no, how: _____

Talents and skills that you are willing to share with our parish: _____

Employment Status (please circle): Full-time Part-time Unemployed Retired

Occupation: _____ Employer: _____ Work # _____

ADULT FEMALE OF HOUSEHOLD

Name _____
first middle maiden last

Date of Birth ____/____/____ Religion: _____

Sacraments Celebrated (please circle): Baptism Eucharist Confirmation

Marital Status (please circle): Married Single Widowed Divorced Separated

Married according to guidelines of the Catholic Church: Yes No Date of Marriage _____

If no, how: _____

Talents and skills that you are willing to share with our parish: _____

Employment Status (please circle): Full-time Part-time Unemployed Retired

Occupation: _____ Employer: _____ Work # _____

CHILDREN AT HOME (under 18)

Name _____ Male Female
first middle last
 Date of Birth _____ Grade: _____ Religion: _____
 Sacraments Celebrated (please circle): Baptism Eucharist Confirmation

Name _____ Male Female
first middle last
 Date of Birth _____ Grade: _____ Religion: _____
 Sacraments Celebrated (please circle): Baptism Eucharist Confirmation

Name _____ Male Female
first middle last
 Date of Birth _____ Grade: _____ Religion: _____
 Sacraments Celebrated (please circle): Baptism Eucharist Confirmation

Name _____ Male Female
first middle last
 Date of Birth _____ Grade: _____ Religion: _____
 Sacraments Celebrated (please circle): Baptism Eucharist Confirmation

Name _____ Male Female
first middle last
 Date of Birth _____ Grade: _____ Religion: _____
 Sacraments Celebrated (please circle): Baptism Eucharist Confirmation

Name _____ Male Female
first middle last
 Date of Birth _____ Grade: _____ Religion: _____
 Sacraments Celebrated (please circle): Baptism Eucharist Confirmation

**** ADULT CHILDREN AT HOME (OVER 18) HAVING A PERMANENT ADDRESS WITH YOU**

***Adult children living at home and employed full-time (non-student) are encouraged to register under their own name on a separate form. Please encourage them to contact the parish to register.*

Name _____ Male Female
first middle last
 Date of Birth ____/____/____ Religion: _____
 Sacraments Celebrated (please circle): Baptism Eucharist Confirmation
 Employment or educational status (please circle): Student Employed*
