



SAINT THOMAS
THE APOSTLE PARISH

203 West Washington Street

Corry, PA 16407

Tel: (814) 663-3041

<https://StThomasTheApostle.Church>

Email: secretary@stthomastheapostle.church

FAMILY REGISTRATION FORM

Would you like to receive offering envelopes? Yes No

Head of Household:

Last Name _____ First Name _____

Title (Mr., Mrs., Ms., etc.) _____ Suffix (Jr., Sr., II, etc.) _____

Nickname _____ Gender Male Female Date of Birth _____

Place of Birth _____ Father's Name _____

Mother's Name _____ Mother's maiden name _____

Religion _____ Grade/Degree _____

Spouse / Adult Member:

Last Name _____ First Name _____

Title (Mr., Mrs., Ms., etc.) _____ Suffix (Jr., Sr., II, etc.) _____

Mailing/Contact Information:

Mailing Name _____ (Example – Mr. & Mrs. John Doe)

Informal Salutation _____ (Example – John & Mary)

Address _____ Phone _____

A _____ Cell No. _____

A _____ Other Phone _____

Which phone would you like to have in our parish ONE-CALL system? Home Cell Other None

E-mail _____ Send email? Yes No

Mailing Address (if different): _____

Alternative/Temporary Address _____

Active from (date) _____ to _____

Head of Household

Sacraments

Baptism:

Baptismal Name: _____

Date: _____

Clergy: _____

Church: _____

City/State: _____

Sponsor: _____

Sponsor: _____

Reconciliation: Date: _____

Clergy: _____

Church: _____

City/State: _____

First Eucharist: Date: _____

Clergy: _____

Church: _____

City/State: _____

Confirmation:

Confirmation Name: _____

Date: _____

Clergy: _____

Church: _____

City/State: _____

Sponsor: _____

Marriage:

Spouse's Name: _____

Date: _____

Clergy: _____

Church: _____

City/State: _____

Witness: _____

Witness: _____

Spouse / Adult Member

Last Name: _____ Relationship to Head: _____
First Name: _____ Middle Name: _____
Nickname: _____ Gender: ___ Male ___ Female DOB: _____
Place of Birth: _____ Father: _____
Mother: _____ Mother's maiden name: _____
Grade/Degree: _____ Religion: _____

Sacraments

Baptism:

Baptismal Name: _____ Date: _____
Clergy: _____ Church: _____
City/State: _____ Sponsor: _____
Sponsor: _____

Reconciliation:

Date: _____
Clergy: _____ Church: _____
City/State: _____

First Eucharist:

Date: _____
Clergy: _____ Church: _____
City/State: _____

Confirmation:

Confirmation Name: _____ Date: _____
Clergy: _____ Church: _____
City/State: _____ Sponsor: _____

Marriage:

Spouse's Name: _____ Date: _____
Clergy: _____ Church: _____
City/State: _____ Witness: _____
Witness: _____

Member

(use for each member in your household)

Last Name: _____ Relationship to Head: _____
First Name: _____ Middle Name: _____
Nickname: _____ Gender: _____ Male _____ Female DOB: _____
Place of Birth: _____ Father: _____
Mother: _____ Mother's maiden name: _____
Grade/Degree: _____ Religion: _____

Sacraments

Baptism:

Baptismal Name: _____ Date: _____
Clergy: _____ Church: _____
City/State: _____ Sponsor: _____
Sponsor: _____

Reconciliation:

Date: _____
Clergy: _____ Church: _____
City/State: _____

First Eucharist:

Date: _____
Clergy: _____ Church: _____
City/State: _____

Confirmation:

Confirmation Name: _____ Date: _____
Clergy: _____ Church: _____
City/State: _____ Sponsor: _____

Marriage:

Spouse's Name: _____ Date: _____
Clergy: _____ Church: _____
City/State: _____ Witness: _____
Witness: _____