



ST. THOMAS MORE CATHOLIC CHURCH REGISTRATION FORM

LAST NAME: _____

Last, Prefix, First Name: _____

Religion: _____ Occupation: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Married: Yes No

Last, Prefix, First Name: _____

Religion: _____ Occupation: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Married: Yes No

Local Address: _____ Dates at this address: _____

City: _____ State: _____ Zip Code: _____ / - /

Secondary Address: _____ Dates at this address: _____

City: _____ State: _____ Zip Code: _____ / - /

Name <small>Please list ALL names you would like to register</small>	Birthdate	Gender <small>M/F</small>	Baptized <small>Yes/No</small>	1st Communion <small>Yes/No</small>	Confirmed <small>Yes/No</small>	Children School Grade	School

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

Date Registered: _____ **Envelope No.** _____