

## ST. THOMAS THE APOSTLE REGISTRATION FORM

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| <b>Family Name:</b>     | <b>Home Phone #:</b>                    |
| <b>Address:</b>         |   |
| <b>City/State/Zip:</b>  |   |
| <b>Home email:</b>      | <b>Send email when possible? Yes/No</b> |
| <b>Previous Parish:</b> |   |
| <b>Date Registered:</b> |   |

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|---|------------------------|-------------------------------|
| <b>Name:</b>  | <b>Middle Initial:</b> |                               |
| <b>Relationship:</b>                                |                        |                               |
| <b>Place and date of birth:</b>                     |                        |                               |
| <b>Gender:</b>                                      |                        |                               |
| <b>Marital Status: M S W D Sep. (Please circle)</b> |                        |                               |
| <b>If Married: Date of marriage:</b>                |                        |                               |
| <b>Place/church &amp; City/St</b>                   |                        |                               |
| <input type="checkbox"/> <b>Baptism</b>             | <b>Y / N</b>           | <b>Church<br/>City, State</b> |
| <input type="checkbox"/> <b>First Eucharist</b>     | <b>Y / N</b>           | <b>Church<br/>City, State</b> |
| <input type="checkbox"/> <b>Confirmation</b>        | <b>Y / N</b>           | <b>Church<br/>City, State</b> |
| <b>Religion:</b>                                    | <b>Occupation:</b>     | <b>Disability? Yes/No</b>     |

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|---|------------------------|-------------------------------|
| <b>Name:</b>  | <b>Middle Initial:</b> |                               |
| <b>Relationship:</b>                                |                        |                               |
| <b>Place and date of birth:</b>                     |                        |                               |
| <b>Gender:</b>                                      |                        |                               |
| <b>Marital Status: M S W D Sep. (Please circle)</b> |                        |                               |
| <b>If Married: Place/church &amp; City/St</b>       |                        |                               |
| <b>Date of marriage:</b>                            |                        |                               |
| <input type="checkbox"/> <b>Baptism</b>             | <b>Y / N</b>           | <b>Church<br/>City, State</b> |
| <input type="checkbox"/> <b>First Eucharist</b>     | <b>Y / N</b>           | <b>Church<br/>City, State</b> |
| <input type="checkbox"/> <b>Confirmation</b>        | <b>Y / N</b>           | <b>Church<br/>City, State</b> |
| <b>Religion:</b>                                    | <b>Occupation:</b>     | <b>Disability? Yes/No</b>     |

## MEMBER INFORMATION

Member 3

|   |                              |
|---|------------------------------|
| <b>Name:</b>  | <b>Middle Initial:</b>       |
| <b>Relationship:</b>                                |                              |
| <b>Place and date of birth:</b>                     |                              |
| <b>Gender:</b>                                      |                              |
| <b>Marital Status: M S W D Sep.</b> (Please circle) |                              |
| <b>If Married: Place/church &amp; City/St</b>       |                              |
| <b>Date of marriage:</b>                            |                              |
| <input type="checkbox"/> <b>Baptism</b>             | <b>Y / N</b>                 |
|   | <b>Church</b><br>City, State |
| <input type="checkbox"/> <b>First Eucharist</b>     | <b>Y / N</b>                 |
|   | <b>Church</b><br>City, State |
| <input type="checkbox"/> <b>Confirmation</b>        | <b>Y / N</b>                 |
|   | <b>Church</b><br>City, State |
| <b>Religion:</b>                                    | <b>Occupation:</b>           |
|   | <b>Disability? Yes/No</b>    |

Member 4

|   |                              |
|---|------------------------------|
| <b>Name:</b>  | <b>Middle Initial:</b>       |
| <b>Relationship:</b>                                |                              |
| <b>Place and date of birth:</b>                     |                              |
| <b>Gender:</b>                                      |                              |
| <b>Marital Status: M S W D Sep.</b> (Please circle) |                              |
| <b>If Married: Place/church &amp; City/St</b>       |                              |
| <b>Date of marriage:</b>                            |                              |
| <input type="checkbox"/> <b>Baptism</b>             | <b>Y / N</b>                 |
|   | <b>Church</b><br>City, State |
| <input type="checkbox"/> <b>First Eucharist</b>     | <b>Y / N</b>                 |
|   | <b>Church</b><br>City, State |
| <input type="checkbox"/> <b>Confirmation</b>        | <b>Y / N</b>                 |
|   | <b>Church</b><br>City, State |
| <b>Religion:</b>                                    | <b>Occupation:</b>           |
|   | <b>Disability? Yes/No</b>    |

|                                  |            |
|----------------------------------|------------|
| <b>Additional Phone numbers:</b> |            |
| Work _____                       | Cell _____ |
| Work _____                       | Cell _____ |