

Registration Form

St Thomas the Apostle Church
2119 Stillwater Ave.
Saint Paul, MN 55119
651-738-0677 Fax: 651-738-6492
www.stthomasap.org



WELCOME TO OUR PARISH COMMUNITY

Family Name: _____	Home Phone#: _____
Address: _____	
Street _____	City _____ Zip _____
Home Email: _____	Previous Parish: _____

ADULT 1:

Name: _____ **Email:** _____ **Gender** _____

Marital Status: Married Single Widowed Separated Divorced Engaged

Occupation: _____ **Place of Employment:** _____

Work Phone: _____ **Cell Phone:** _____ **Birth Date:** _____

Religion: _____ I am interested in the possibility of becoming Catholic **YES**

Check sacrament received: Baptism Reconciliation Eucharist Confirmation

ADULT 2:

Name: _____ **Email:** _____ **Gender** _____

Marital Status: Married Single Widowed Separated Divorced Engaged

Occupation: _____ **Place of Employment:** _____

Work Phone: _____ **Cell Phone:** _____ **Birth Date:** _____

Religion: _____ I am interested in the possibility of becoming Catholic **YES**

Check sacrament received: Baptism Reconciliation Eucharist Confirmation

ADDITIONAL FAMILY MEMBERS AT THIS ADDRESS ON BACK OF THIS PAGE.

FOR OFFICE USE ONLY:
Registration Date: _____ Envelope Number _____ ID Number _____
Cc: _____

Additional family members at this address

Name: _____	Email: _____	Gender _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged		
Occupation: _____	Place of Employment: _____	
Work Phone: _____	Cell Phone: _____	Birth Date: _____
Religion: _____ I am interested in the possibility of becoming Catholic YES <input type="checkbox"/>		
Check sacrament received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		

Name: _____	Email: _____	Gender _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged		
Occupation: _____	Place of Employment: _____	
Work Phone: _____	Cell Phone: _____	Birth Date: _____
Religion: _____ I am interested in the possibility of becoming Catholic YES <input type="checkbox"/>		
Check sacrament received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		

Name: _____	Email: _____	Gender _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged		
Occupation: _____	Place of Employment: _____	
Work Phone: _____	Cell Phone: _____	Birth Date: _____
Religion: _____ I am interested in the possibility of becoming Catholic YES <input type="checkbox"/>		
Check sacrament received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation		

Please list any special needs that your family members may have (i.e language, disability, homebound, etc.)
