

St. Thomas More Catholic Church

PARISH REGISTRATION

Registration Date: _____

Mailing Name: _____

Last Name: _____

First Name(s): _____

Family E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Emg Phone: _____

Are you currently registered at another Parish _____ Name of Parish _____

Would you like to receive donation envelopes? Yes _____ No _____

FAMILY INFORMATION

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Married by Priest or Deacon? Yes _____ No _____ Date of Marriage: _____

	ADULT	ADULT
Name		
Middle Name		
Birth Date	Month _____ Day _____ Year _____	Month _____ Day _____ Year _____
Religion		
Sacramental Information	Baptized __ Catholic __ RCIA __ Reconciliation __ First Eucharist __ Confirmation __	Baptized __ Catholic __ RCIA __ Reconciliation __ First Eucharist __ Confirmation __
Cell Phone		
E-mail		
Occupation		
Employer		
Hobbies		

Primary Language: _____

Primary Language: _____

Secondary Language: _____

Secondary Language: _____

CHILDREN: INFORMATION

(Only children living at home)

CHILD'S NAME	BIRTH DATE	SEX	SCHOOL ATTENDING	SPECIAL NEEDS	LANGUAGE
					Primary Secondary
Check if Sacrament received.	Baptism __		Catholic __	Reconciliation __	P: _____
	First Eucharist __		Confirmation __		S: _____
CHILD'S NAME	BIRTH DATE	SEX	SCHOOL ATTENDING	SPECIAL NEEDS	
Check if Sacrament received.	Baptism __		Catholic __	Reconciliation __	P: _____
	First Eucharist __		Confirmation __		S: _____
CHILD'S NAME	BIRTH DATE	SEX	SCHOOL ATTENDING	SPECIAL NEEDS	
Check if Sacrament received.	Baptism __		Catholic __	Reconciliation __	P: _____
	First Eucharist __		Confirmation __		S: _____
CHILD'S NAME	BIRTH DATE	SEX	SCHOOL ATTENDING	SPECIAL NEEDS	
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