



St. Thomas the Apostle Registration Form

Family Last Name: _____ Check one: Mr. & Mrs. Mr. Mrs. Ms. Miss

Street Address: _____ Apt #: _____ City: _____ Zip: _____

Cell #: () _____ Home Phone: () _____ Email: _____

Head of Household

First Name: _____ Middle Name: _____ Last Name: _____

Gender: Male Female Date of Birth: ____/____/____ Catholic? Yes No

Sacraments Received: Baptism First Eucharist Confirmation Marriage

Spouse

First Name: _____ Middle Name: _____ Last Name: _____

Gender: Male Female Date of Birth: ____/____/____ Catholic? Yes No

Sacraments Received: Baptism First Eucharist Confirmation Marriage

Children Information (those under 18 years old):

First Name: _____ Middle Name: _____ Last Name: _____

Gender: Male Female Date of Birth: ____/____/____ Catholic? Yes No

Sacraments Received: Baptism First Eucharist Confirmation

First Name: _____ Middle Name: _____ Last Name: _____

Gender: Male Female Date of Birth: ____/____/____ Catholic? Yes No

Sacraments Received: Baptism First Eucharist Confirmation

First Name: _____ Middle Name: _____ Last Name: _____

Gender: Male Female Date of Birth: ____/____/____ Catholic? Yes No

Sacraments Received: Baptism First Eucharist Confirmation

For office use only: Date of Registration ____/____/____ Env.# _____