ST. THOMAS AQUINAS CATHOLIC CHURCH REGISTRATION FORM

Today's Date: _____ *"Please use another form for additional members"*

OFFICE USE ONLY
Parish ID #_____
W/L_____
Entered_____

Family Last Name: _____ Phone#: ( ) _____ Unlisted: No__ Yes__

Street Address or PO Box: _____

City: _____ State: TX ZIP Code: _____

Subdivision: _____

To whom may we send mail (Circle One): Head & Spouse Head Only Spouse Only

Preferred Family Language: _____

Marital Status(Circle One): Catholic Marriage Civil Non-Catholic Minister Single Divorced Widowed Separated

Marriage Date: _____ Maiden Name: _____

E-mail (Head) _____ E-mail (Spouse) _____

Family Members *Miembros de la familia*	Head	Spouse	Adult or Child	Adult or Child	Adult or Child	Adult or Child
Title *(Mr. Mrs. Ms. Miss Dr.)*						
First Name						
Last Name						
Gender(M-F)						
Birth Date						
Religion						
Languages						
Cell Phone						
Occupation						
Business Name						
Business Phone						
Baptism	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
1st Reconciliation	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
1st Communion	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Confirmation	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No