

St. Thomas Aquinas Resident (Non-Student) Parishioner Registration Form

Please complete the following so that we may add/or update our database. The information is for our records only. We do not give any information to outside groups.

Date: _____

Please Print

Name: Mr. Mrs. Ms. Dr. _____ Date of Birth: _____/_____/_____
First M.I. Last Month Day Year

Address: _____
Street Apt # City State Zip +4

Home Phone: _____/_____ Work Phone: _____/_____

E-Mail Address: _____

Are You Catholic: Yes No Baptized? Yes No Confirmed? Yes No

Occupation: _____ Employer: _____

Country of Birth (if not USA): _____ Native Language (if not English): _____

If you are married, please fill out the following about your spouse

Name: Mr. Mrs. Ms. Dr. _____ Date of Birth: _____/_____/_____
First M.I. Last Month Day Year

Spouse's Religion: _____ Baptized? Yes No Confirmed? Yes No

Occupation: _____ Employer: _____ Work Phone: _____

Country of Birth (if not USA): _____ Native Language (if not English): _____

If you have relatives living with you, list relatives starting with the eldest. Include last name if different.

Name <i>First, M.I.</i>	Relationship <i>(son, mother, etc.)</i>	Catholic <i>Y/N</i>	Baptized <i>Y/N</i>	Confirmed <i>Y/N</i>	Date of Birth <i>Month/Day/Year</i>

Does anyone in your immediate household, including yourself, have special needs (e.g. wheelchair, hearing, sight, etc.)?

In case of personal emergency, whom should we contact? Name: _____

Relationship: _____ ***Phone:*** _____

Print your name(s) as you would like it to appear on mailings from St. Tom's

Thank you for your time. Please place this form in the collection basket or return it to St. Tom's office.