

# St. Thomas Aquinas Parish

## Parish Registration Form

Please Print



Please bring your completed Form to Mass and drop it in the Offertory, or return it to the Parish Office at any time

Family Last Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Primary Email: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Mailing Name: \_\_\_\_\_  
(ie Mr & Mrs John Smith, Ms. Jane Smith)

Wife's Maiden Name (if applicable): \_\_\_\_\_

I/We would like more information about Religious Education (Adult/Child)

I/We would like a Priest or Eucharistic Minister to visit

I/We would like to schedule an appointment with a Priest

### Family Information

First Name	Nick Name	Last Name	(S)ingle (M)arried (W)idowed (D)ivorced (SE)parated	Sex M F	Date of Birth (M/D/Y)	Religion	Baptized? (Date)	First Communion? (Date)	Confirmed? (Date)	Occupation

### Dependent Information


### Additional Contact Information

Name	Email Address	Phone