

St. Thomas the Apostle Registration Form

Family Name _____

Street Address _____

City/State/Zip _____

Telephone Number _____

Please indicate Racial/Ethnic Group as follows:
1) Asian, 2) Black, 3) Hispanic, 4) White, 5) Mixed, 6) Other

List all Persons Residing in the Household

First Name:	Middle Initial:	Last Name:	Occupation/School:	Male/Female	Racial/Ethnic	Single	Married	Widowed	Divorced	Clergy/Religious	Date of Birth			Catholic		Baptism	1st Communion	Confirmation	Valid Marriage		
											Month	Day	Year	Yes	No				Yes	No	

Date of Marriage _____

Place of Marriage _____