

Please do not write above this line; reserved for parish office use.

St. Thomas Aquinas Catholic Church Registration Form (Rev. 3/13/2025)

(Please list everyone in your household. There is space for children and more adults on the back.)

Envelope Number: _____
Parish Office Use Only

Date: _____ If transferring from another parish, which one? _____

Household Contact Information

Home Address _____ City _____ Zip Code _____

Best phone # to reach your family _____ This is a (check one) Cell phone Landline

Best Email to reach your family _____ Preferred Language _____

We send a moderate number of general parish emails (normally fewer than 24 per year). Are you willing to receive them? Yes No

How do you prefer to receive the *Catholic Herald*? Paper edition by mail e-Edition Both Question? _____

Adult 1: Name: _____ Maiden Name _____
Title First Name Middle Name Last or Surname (if applicable)

Preferred name/nickname _____ Gender: Male Female Date of Birth ____/____/____
mm dd yyyy

Current Religion: _____ Sacraments received: Baptism Religion of Baptism _____ 1st Eucharist Confirmation

Marital Status: Married Anniversary date ____/____/____ Single Widowed Divorced Separated Engaged Other _____
mm dd yyyy

Cell # _____ Email: _____

Occupation _____ Employer _____

Adult 2: Name: _____ Maiden Name _____
Title First Name Middle Name Last or Surname (if applicable)

Preferred name/nickname _____ Gender: Male Female Date of Birth ____/____/____
mm dd yyyy

Current Religion: _____ Sacraments received: Baptism Religion of Baptism _____ 1st Eucharist Confirmation

Marital Status: Married Anniversary date ____/____/____ Single Widowed Divorced Separated Engaged Other _____
mm dd yyyy

Cell # _____ Email: _____

Occupation _____ Employer _____

Relationship to Adult 1: Spouse Child Parent Other _____

If one adult is not Catholic or not active, should that adult's name appear on parish mailings? Yes No

Child 1 Name: _____ Gender: Male Female
First Middle Last or Surname
 Lives at home? Yes No Registering with parish? Yes No Relationship to adults on front _____
 Date of Birth _____ Current Religion: _____ Religion of Baptism _____
 Sacraments received: Baptism First Eucharist Confirmation

Child 2 Name: _____ Gender: Male Female
First Middle Last or Surname
 Lives at home? Yes No Registering with parish? Yes No Relationship to adults on front _____
 Date of Birth _____ Current Religion: _____ Religion of Baptism _____
 Sacraments received: Baptism First Eucharist Confirmation

Child 3 Name: _____ Gender: Male Female
First Middle Last or Surname
 Lives at home? Yes No Registering with parish? Yes No Relationship to adults on front _____
 Date of Birth _____ Current Religion: _____ Religion of Baptism _____
 Sacraments received: Baptism First Eucharist Confirmation

Child 4 Name: _____ Gender: Male Female
First Middle Last or Surname
 Lives at home? Yes No Registering with parish? Yes No Relationship to adults on front _____
 Date of Birth _____ Current Religion: _____ Religion of Baptism _____
 Sacraments received: Baptism First Eucharist Confirmation

Child 5 Name: _____ Gender: Male Female
First Middle Last or Surname
 Lives at home? Yes No Registering with parish? Yes No Relationship to adults on front _____
 Date of Birth _____ Current Religion: _____ Religion of Baptism _____
 Sacraments received: Baptism First Eucharist Confirmation

Others in household: Please include full name, gender, birthdate, religion, relationship to adults on front, and any phone numbers or email addresses we should have.

NCD ____	CH ____
Env # ____	FN ____
PSQ ____	LTR ____
Transfer Requested __/__/__	

**If you need space for additional children,
 please use another registration form.**