

SS. PETER AND PAUL / ST. THOMAS THE APOSTLE PARISH REGISTRATION FORM

FAMILY LAST NAME: _____ PARISH JOINING: Ss. Peter & Paul St. Thomas the Apostle
 ADDRESS: _____ CITY _____ ZIP _____ HOME PHONE: _____
 EMAIL ADDRESS (1): _____ EMAIL ADDRESS (2): _____

ADULT	FIRST NAME: _____	BIRTH DATE: _____	SEX: M ___ F ___	RELIGION: _____	SACRAMENTS: <input type="checkbox"/> Baptism <input type="checkbox"/> Penance <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed <input type="checkbox"/> 2nd Marriage	CELL PHONE: _____	WORK PHONE: _____	IF MARRIED Type of Wedding: <input type="checkbox"/> Sacramental <input type="checkbox"/> Civil Date: ___/___/___
	MIDDLE NAME: _____								
	MAIDEN NAME: _____								
ADULT	FIRST NAME: _____	BIRTH DATE: _____	SEX: M ___ F ___	RELIGION: _____	SACRAMENTS: <input type="checkbox"/> Baptism <input type="checkbox"/> Penance <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed <input type="checkbox"/> 2nd Marriage	CELL PHONE: _____	WORK PHONE: _____	Name of Church: _____
	MIDDLE NAME: _____								City & State: _____
	MAIDEN NAME: _____								
CHILD	LAST NAME: _____	BIRTH DATE: _____	City / State: _____	SEX: M ___ F ___	RELIGION: _____	SACRAMENTS: <input type="checkbox"/> Baptism <input type="checkbox"/> Church of Baptism: _____ City / State: _____ <input type="checkbox"/> Penance <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	SCHOOL INFORMATION: School Attending: _____ Grade: _____	RELIGIOUS EDUCATION: Attends: Yes ___ No ___ Special Needs: _____	
	FIRST NAME: _____								
	MIDDLE NAME: _____								
CHILD	LAST NAME: _____	BIRTH DATE: _____	City / State: _____	SEX: M ___ F ___	RELIGION: _____	SACRAMENTS: <input type="checkbox"/> Baptism <input type="checkbox"/> Church of Baptism: _____ City / State: _____ <input type="checkbox"/> Penance <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	SCHOOL INFORMATION: School Attending: _____ Grade: _____	RELIGIOUS EDUCATION: Attends: Yes ___ No ___ Special Needs: _____	
	FIRST NAME: _____								
	MIDDLE NAME: _____								

VOLUNTEER OPPORTUNITIES
SPP = Ss. Peter & Paul ST = St. Thomas the Apostle
* Liturgical Roles (Please indicate which family member with initials): _____ Usher _____ Lector _____ Extraordinary Minister of Holy Communion _____ Rosary Leader @ SPP (before Mass) _____ Altar Boy _____ Sunday Hospitality (serve donuts after Mass) _____ Schola (Choir) _____ Cantor _____ Organist
* Interests (Please indicate which family member with initials): _____ Adoration _____ Adoration Substitute _____ Blessed Virgin's Rosary Ministry _____ Building & Grounds _____ Bible Study _____ Office Help _____ Prayer Chain _____ ST Funeral Committee _____ ST Women's Club _____ ST Men's Club

For Office Use:
Date Joined: _____
DB: ___ Env #: ___
SPP Funeral Comm: # ___/___
SPP KC's: ___
ST Women's Club: ___ ST Men's Club: ___
Adoration Committee: ___ Appt.: ___

*For additional family members, please continue on back.

*If there are other adult members in the household, please use a separate registration form for them.

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CHILD	LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____	BIRTH DATE: _____ City / State: _____ SEX: M ___ F ___ RELIGION: _____	<u>SACRAMENTS:</u> ___ Baptism Church of Baptism: _____ City / State: _____ ___ Penance ___ Eucharist ___ Confirmation	<u>SCHOOL INFORMATION:</u> School Attending: _____ Grade: _____	<u>RELIGIOUS EDUCATION:</u> Attends: Yes ___ No ___ Special Needs: _____ _____ _____
CHILD	LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____	BIRTH DATE: _____ City / State: _____ SEX: M ___ F ___ RELIGION: _____	<u>SACRAMENTS:</u> ___ Baptism Church of Baptism: _____ City / State: _____ ___ Penance ___ Eucharist ___ Confirmation	<u>SCHOOL INFORMATION:</u> School Attending: _____ Grade: _____	<u>RELIGIOUS EDUCATION:</u> Attends: Yes ___ No ___ Special Needs: _____ _____ _____
CHILD	LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____	BIRTH DATE: _____ City / State: _____ SEX: M ___ F ___ RELIGION: _____	<u>SACRAMENTS:</u> ___ Baptism Church of Baptism: _____ City / State: _____ ___ Penance ___ Eucharist ___ Confirmation	<u>SCHOOL INFORMATION:</u> School Attending: _____ Grade: _____	<u>RELIGIOUS EDUCATION:</u> Attends: Yes ___ No ___ Special Needs: _____ _____ _____
CHILD	LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____	BIRTH DATE: _____ City / State: _____ SEX: M ___ F ___ RELIGION: _____	<u>SACRAMENTS:</u> ___ Baptism Church of Baptism: _____ City / State: _____ ___ Penance ___ Eucharist ___ Confirmation	<u>SCHOOL INFORMATION:</u> School Attending: _____ Grade: _____	<u>RELIGIOUS EDUCATION:</u> Attends: Yes ___ No ___ Special Needs: _____ _____ _____