

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

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

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 request 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: _____	SACRAMENTS: ___ Baptism Church of Baptism: _____ City / State: _____ ___ Penance ___ Eucharist ___ Confirmation	SCHOOL INFORMATION: School Attending: _____ Grade: _____	RELIGIOUS EDUCATION: Attends: Yes ___ No ___ Special Needs: _____ _____ _____