

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: _____	SACRAMENTS: ___ Baptism ___ Penance ___ Eucharist ___ Confirmation ___ Matrimony	MARITAL STATUS: ___ Single ___ Married ___ Divorced ___ Annulled ___ Widowed ___ 2nd Marriage	CELL PHONE: _____	IF MARRIED Type of Wedding: ___ Sacramental ___ Civil Date: ___/___/___
	MIDDLE NAME: _____	SEX: M ___ F ___			WORK PHONE: _____	
	MAIDEN NAME: _____	RELIGION: _____				

ADULT	FIRST NAME: _____	BIRTH DATE: _____	SACRAMENTS: ___ Baptism ___ Penance ___ Eucharist ___ Confirmation ___ Matrimony	MARITAL STATUS: ___ Single ___ Married ___ Divorced ___ Annulled ___ Widowed ___ 2nd Marriage	CELL PHONE: _____	Name of Church: _____ City & State: _____
	MIDDLE NAME: _____	SEX: M ___ F ___			WORK PHONE: _____	
	MAIDEN NAME: _____	RELIGION: _____				

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

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

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 _____ Prayer Chain _____ Bible Study _____ ST Women's Club _____ ST Men's Club _____ Office Help _____ Building & Grounds	

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: _____ _____ _____
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: _____ _____ _____
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: _____ _____ _____