

St Thomas the Apostle Registration Form

Family Name

Date of Marriage

Street Address

Place of Marriage

City/State/ZIP

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

List of Persons Residing in the Household	Male/Female	Racial/Ethnic	Single	Married	Widowed	Divorced	Clergy/Religious	Date of Birth			Catholic	Baptism	1 st Communion	Confirmation	Valid Marriage	
								01	01	14					Yes	No
Month	Day	Year														
First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occupation/School <input type="text"/>											No <input type="checkbox"/>					
First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occupation/School <input type="text"/>											No <input type="checkbox"/>					
First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occupation/School <input type="text"/>											No <input type="checkbox"/>					
First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occupation/School <input type="text"/>											No <input type="checkbox"/>					
First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occupation/School <input type="text"/>											No <input type="checkbox"/>					