

## Joining the Parish

### St. Thomas the Apostle Catholic Church Family Registration Form

Bring the completed form to the Parish Office:

**St. Thomas the Apostle Catholic Church**  
New Parishioner and Update Registration  
4100 S. Coulter St.  
Amarillo, TX 79109

- OR -

FAX the completed form to the Secretary:

**FAX:** (806) 358-2529

- OR -

Email the completed form to the Secretary  
with the subject line as **Family Registration:**

**Email Address:** [rwalker@amarillo.church](mailto:rwalker@amarillo.church)

From Adobe Reader's menu select **File** then select **Send To**

**Email Address:** [rwalker@amarillo.church](mailto:rwalker@amarillo.church)

**St. Thomas the Apostle Catholic Church**  
**Family Registration**  
**4100 S. Coulter St., Amarillo, TX 79109 (806) 358-2461**

Reg Date:

Last Name:  First Name(s):

Mailing Name (i.e. Mr. and Mrs. John Doe):

Address:  Address 2:

City:  State:  Zip Code:

Area Code:  Home Phone:  Emerg. Phone:

Family Email:  Env #:

**Individual Member Information**

Parish Status (Active/Inactive): <input type="text"/>	<input type="text"/>
Role (Head of House, husband, etc.): <input type="text"/>	<input type="text"/>
First Name/Nickname: <input type="text"/>	<input type="text"/>
Gender: Male/Female: <input type="text"/> (Maiden): <input type="text"/>	Male/Female: <input type="text"/> (Maiden): <input type="text"/>
DOB (mm/dd/yyyy): <input type="text"/>	<input type="text"/>
Email: <input type="text"/>	<input type="text"/>
Work Phone/Cell Phone: W: <input type="text"/> C: <input type="text"/>	W: <input type="text"/> C: <input type="text"/>
First Language: <input type="text"/>	<input type="text"/>
Occupation/Employer: <input type="text"/>	<input type="text"/>
Sacramental Information: Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Dates (mm/dd/yyyy): <input type="text"/>	<input type="text"/>
Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/>
Date: <input type="text"/> Date: <input type="text"/>	Date: <input type="text"/> Date: <input type="text"/>
Marital Status: <input type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	
<i>(Single, Married, Separated, Divorced, Annulled)</i>	
Are there any members of your household who would like to be visited by a priest? <input type="text"/>	

**Dependent Children Information**

Relationship to Head of Household <i>(Son, Daughter, Mother, Father, etc...)</i>	First Name	Last Name	Gender	Birthdate (mm/dd/yyyy) Birthplace	H.S. Grad Year	School First Language
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place an X if Sacrament Received.	Baptism? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist? <input type="checkbox"/>	Reconciliation? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>	
Add date if Known.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place an X if Sacrament Received.	Baptism? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist? <input type="checkbox"/>	Reconciliation? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>	
Add date if Known.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place an X if Sacrament Received.	Baptism? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist? <input type="checkbox"/>	Reconciliation? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>	
Add date if Known.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place an X if Sacrament Received.	Baptism? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist? <input type="checkbox"/>	Reconciliation? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>	
Add date if Known.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Dependent Children Information

	Relationship to Head of Household	First Name	Last Name	Gender	Birthdate (mm/dd/yyyy)	Birthplace	H.S. Grad Year	School First Language
5.								
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?		
Add date if Known.								
6.								
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?		
Add date if Known.								
7.								
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?		
Add date if Known.								
8.								
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?		
Add date if Known.								
9.								
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?		
Add date if Known.								
10.								
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?		
Add date if Known.								
11.								
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?		
Add date if Known.								
12.								
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?		
Add date if Known.								