

**PARISH REGISTRATION**

Pastor: Father Scott Kopp  
 Coordinator of Religious Education: Virginia Crumb  
 Date:

**ST. THOMAS THE APOSTLE**  
 4453 WARREN-SHARON RD.  
 VIENNA OH 44473



Parish Office: 330-394-2461  
 FAX: 330-394-2361

**MAILING INFORMATION**

PREFIX: Mr. & Mrs. | Mr. | Mrs. | Ms.

Env No. (Assigned by Office):

Family Last Name:

E-Mail:

Address:

City:

State:

Zip:

Home Phone: ( )

Cell Phone: ( )

<b>Family Information</b>	<b>Head of Household</b>	<b>Spouse</b>	<b>Dependent 1</b>	<b>Dependent 2</b>
Full Name (Maiden Name)				
Date of Birth				
Gender	M F	M F	M F	M F
Religion				
Occupation or School & Grade				
Special Needs?				
<b>Sacraments</b>	<b>Date &amp; Place</b>	<b>Date &amp; Place</b>	<b>Date &amp; Place</b>	<b>Date &amp; Place</b>
Baptism				
First Communion				
Confirmation				
Matrimony				

<b>Family Information</b>	<b>Dependent 3</b>	<b>Dependent 4</b>	<b>Dependent 5</b>	<b>Dependent 6</b>
Full Name				
Date of Birth				
Gender	M F	M F	M F	M F
Religion				
Occupation or School				
Special Needs?				
<b>Sacraments</b>	<b>Date &amp; Place</b>	<b>Date &amp; Place</b>	<b>Date &amp; Place</b>	<b>Date &amp; Place</b>
Baptism				
First Communion				
Confirmation				
Matrimony				