



# ST. THOMAS AQUINAS CATHOLIC CHURCH

Office Use Only. Envelope # \_\_\_\_\_

Welcome  PDS

OSV

## REGISTRATION FORM

Date: \_\_\_\_\_  New Member  Change in registration information How long have you been attending St. Thomas Aquinas? \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Languages: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Self: Email: \_\_\_\_\_ Employer: \_\_\_\_\_ wphone: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
(optional)

Spouse: Email: \_\_\_\_\_ Employer: \_\_\_\_\_ wphone: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
(optional)

Wedding Anniversary Date \_\_\_\_\_ Correspondence addressed to (including title/s): \_\_\_\_\_

	Full Name	Nickname	Living at		Birth Date	Marital Status	Religion	Occupation/ School Grade	Cell Phone
			Gender	Home					
Self									
Spouse									
Child									
Child									
Child									
Child									
Child									
Other									

Would you like to receive envelopes for your contributions to the parish? \_\_\_ yes \_\_\_ No

**List of Ministries:** Attached is the list of our ministries, please mark any in which you would be interesting in serving.

Would you like more information about them? \_\_\_\_\_yes \_\_\_\_\_no