

St. Thomas the Apostle Parish
47 Pine Street
West Springfield, MA 01089

(413) 739-4779 ~ Fax (413) 739-1608
 website: www.stthomaswestspringfield.org
 email: stthomassecretary@comcast.net

OFFICE USE ONLY

Parish ID No.: _____
 Date Received: _____

Parish Census

MARRIAGE INFORMATION

Church/Place of Marriage: _____
 City/State: _____
 Date of Marriage: _____
 Married by:
 Catholic Priest
 Protestant Minister
 Justice of the Peace
 Other _____

FAMILY NAME: _____
 ADDRESS: _____
 CITY/STATE: _____

ZIP: _____
 HOME PHONE: _____
 CELL PHONE: _____

Please provide the following information for each member of your family, including each of your children living at home or in college. After completing the form, you may save it to your computer and email it to stthomassecretary@comcast.net -OR- print the file and either mail it to the Parish Office or drop it in the collection basket. This information is strictly confidential.

FIRST NAME (Last Name if Different) (Include Title - Mr., Mrs., Ms.)	MIDDLE INITIAL	MARITAL STATUS (below)	RELIGION (below)	SEX	BIRTH DATE	BAPTISM (Y/N)	FIRST COMM (Y/N)	CON- FIRMED (Y/N)	SCHOOL/ EMPLOYER	GRADE	CCD (Y/N)	SPECIAL (below)

WE WANT TO KNOW AND SERVE YOU.

We hope you will favor us with your presence.

PARISH SUPPORT

Do you wish to receive contribution envelopes?

Yes No

<u>Marital Status</u>	<u>Religion</u>	<u>Special</u>
1 - Married	1 - Catholic	1 - Visually Impaired
2 - Single	2 - Baptist	2 - Hearing Impaired
3 - Widow/Widower	3 - Congregational	3 - Mental Handicap
4 - Separated	4 - Episcopalian	4 - Physical Handicap
5 - Divorced	5 - Lutheran	5 - Home Bound
	6 - Methodist	6 - Nursing Home Resident
	7 - Presbyterian	
	8 - Other	