

**ST THOMAS THE APOSTLE CHURCH**  
**14818 ROUTE B**  
**ST THOMAS, MO 65076**  
**Registration Form**

I'd prefer not to have my/our name(s) listed as new parishioner(s) in the parish bulletin.

	Date:		
Family Last Name			
Address	Street	City	Zip
Home Phone	List in our directory Yes _____ No _____		

Name (First-M.I.-Last)			
Date of Birth(mm/dd/yyyy)	Gender: M F	Preferred Name: _____	
Marital Status (circle)	Single Married Divorced Widowed Separated Remarried Cohabiting Religious		
Religion			
Email Address			
Employer		Retired: Yes _____ No _____	
Business Phone	Cell Phone/Pager: _____		
Occupation/Position at Employment			
Sacraments Received (Circle)	Baptism	First Communion	Confirmation Marriage
Baptism Information	Date:	Place:	
Marriage Information	Date:	Place:	

Name (First-M.I.-Last)			
Maiden Name			
Date of Birth (mm/dd/yyyy)	Gender: M F	Preferred Name: _____	
Marital Status (Circle)	Single Married Divorced Widowed Separated Remarried Cohabiting Religious		
Religion			
Email Address			
Employer		Retired: Yes _____ No _____	
Business Phone	Cell Phone/Pager: _____		
Occupation/Position at Employment			
Sacraments Received (Circle)	Baptism	First Communion	Confirmation Marriage
Baptism Information	Date:	Place:	
Marriage Information	Date:	Place:	

**ST THOMAS THE APOSTLE CHURCH**  
**14818 ROUTE B**  
**ST THOMAS, MO 65076**  
**Registration Form**

Children Listing: Please complete the Children Information Section of this form. Children away at college should be listed. Children 23 years or older living on their own or married are encouraged to register on their own at the Parish Office as an individual parish family. If you need additional "Children Information" spaces, please use a separate sheet of paper and return it with your family form. Thank You!

Name		Gender:	M      F
Date of Birth (mm/dd/yyyy)			
Sacraments Received (Circle)	Baptism	First Communion	Confirmation
Date of Baptism		Place of Baptism:	
Name		Gender:	M      F
Date of Birth (mm/dd/yyyy)			
Sacraments Received (Circle)	Baptism	First Communion	Confirmation
Date of Baptism		Place of Baptism:	
Name		Gender:	M      F
Date of Birth (mm/dd/yyyy)			
Sacraments Received (Circle)	Baptism	First Communion	Confirmation
Date of Baptism		Place of Baptism:	
Name		Gender:	M      F
Date of Birth (mm/dd/yyyy)			
Sacraments Received (Circle)	Baptism	First Communion	Confirmation
Date of Baptism		Place of Baptism:	
Name		Gender:	M      F
Date of Birth (mm/dd/yyyy)			
Sacraments Received (Circle)	Baptism	First Communion	Confirmation
Date of Baptism		Place of Baptism:	
Name		Gender:	M      F
Date of Birth (mm/dd/yyyy)			
Sacraments Received (Circle)	Baptism	First Communion	Confirmation
Date of Baptism		Place of Baptism:	

Parish Office Use Only  
Envelope #

**ST THOMAS THE APOSTLE CHURCH**  
**14818 ROUTE B**  
**ST THOMAS, MO 65076**  
**Registration Form**

Date of Baptism		Place of Baptism:
-----------------	--	-------------------