SAINT THOMAS AQUINAS PARISH – REGISTRATION FORM DATE

Family Last Name Street Address PO Box City, State, Zip City, State, Zip Telephone Cell phone (optional) E-mail Address Are you or a family member homebound? Yes No Marital Status: Single Married (Date / _ /) Were you married by a: (Check one) Catholic Church/Priest				<u>Talents / Interests you would like to share:</u>			
Family Member Info (Full Names)	Religion	Birth Date	Baptism	Communion	Confirmation	Date of RCIA/RCIC	Occupation
Husband or Head of Household							
		_ / _/	Yes No	Yes No	Yes No	/ /	
Spouse - Indicate Maiden Name							
		_ / _/	Yes No	Yes No	Yes No	_ / _/	
Children <u>Living at Home</u> (indicate M/F)							School
(<i>Indicate M/T</i>) 1)		/	Yes No	Yes No	Yes No	_/_/	
2)		/ /	Yes No	Yes No	Yes No	/ /	
,							
3)		_ / _/	Yes No	Yes No	Yes No	_ / _/	

<u>Do you want to be listed in the directory?</u> □Yes □ No <u><i>Do you want to receive contribution envelopes? □Yes □ No</u>

<u>Address?</u> □Yes □No

Yes No

Yes No

Yes No

Yes No

<u>Phone number?</u> UYes No

*Mail/email or fax this form to: 725 S 250 E Hyde Park, UT 84318

Phone: 752-1478 **Fax:** 435-792-3792 or you may drop it off at the office or put it in the collection basket at Mass Saint Thomas Aquinas Parish. Church Website: sta.thischurch.org email: <u>stthomas2006@gmail.com</u>

Yes No

No

Yes

Envelope # _____

4)

5)