

St. Thomas à Becket CATHOLIC CHURCH Today's Date:

PARISH REGISTRATION FORM

Family Information

Family Last Name	Adult #1 Email	Adult #2 Email	Primary Phone	
Street Address	City	State	Zip	

Adult Information

Adult First Name	M/F	Birth Date	Cell Phone	Catholic	Baptism	1st Communion	Confirmation
	Male □ Female □			□Yes □No	□Yes □No	□Yes □No	□Yes □No
	Male □ Female □			□Yes □No	□Yes □No	□Yes □No	□Yes □No

Marital Status: □ Single □ Married □ Widowed

If Married:
Catholic Church Marriage Civil or other Church Marriage Wedding Date: _____

(Input sacramental dates if known)						
Child First Name	M/F	Birth Date	Baptism	1st Communion	Confirmation	Religious Ed Needed?
	Male □ Female □					□Yes □No
	Male □ Female □					□Yes □No
	Male □ Female □					□Yes □No
	Male □ Female □					□Yes □No
	Male □ Female □					□Yes □No
	Male □ Female □					□Yes □No
□ Envelopes <u>OR</u> □ Faith Direct Information (Online Automatic Donation)						
Office Use Only: SK	_ CB `	WL R	E G	living #	Updated: 5-1	16-2025

Child Information (living at home and in college)