

# ST. THOMAS MORE UNIVERSITY PARISH Family Registration Form

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Primary Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

**Seasonal Address (if applicable):**

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Dates to use seasonal address:**

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

\*\*\*\*\*For Parish Office Use\*\*\*\*\*

ID/Env #: \_\_\_\_\_ ( ) Starter Set

Entered By: \_\_\_\_\_ ( ) PDS

Date: \_\_\_\_\_ ( ) Accent Office

# ST. THOMAS MORE UNIVERSITY PARISH

## Individual Member Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Title: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Gender: M F Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Grade (if student): \_\_\_\_\_  
Occupation/Student: \_\_\_\_\_ Employer/School: \_\_\_\_\_  
College Alma Mater: \_\_\_\_\_  
Degrees Attained: \_\_\_\_\_  
IUP Affiliation (if applicable):  Faculty  Staff  Administration  Retired  Student  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email 1: \_\_\_\_\_  
Email 2: \_\_\_\_\_

### **Sacramental Information:**

**Baptism:** Date: \_\_\_\_\_  
Parish: \_\_\_\_\_ Denomination/Rite  
City, State: \_\_\_\_\_

**1st Communion:** Date: \_\_\_\_\_  
Parish: \_\_\_\_\_ Denomination/Rite  
City, State: \_\_\_\_\_

**Confirmation:** Date: \_\_\_\_\_  
Parish: \_\_\_\_\_ Denomination/Rite  
City, State: \_\_\_\_\_

**Marriage:** Date: \_\_\_\_\_  
Parish: \_\_\_\_\_ Denomination/Rite  
City, State: \_\_\_\_\_