

ST. THOMAS MORE UNIVERSITY PARISH

Contact Information

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

Member Information (complete one for each family member)

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: _____