

ST. THOMAS MORE PARISH REGISTRATION FORM
215 Thomas More Drive
Elgin, IL 60123
847.888.1682

A
B
M
S

PLEASE PRINT

Date _____

Family Name _____ **Address** _____ **Apt #** _____

City _____ **Zip Code** _____ **Email Address** _____

Home Phone _____ **Unlisted (Y/N)** _____ **Business Phone** _____

Wife's Maiden Name _____ **Subdivision Living In** _____

Language Spoken In Home _____ **Other** _____

PLEASE LIST ANY MINISTRIES IN WHICH YOU HAVE BEEN INVOLVED ON THE BACK OF THIS FORM.

FORMER PARISHES	Head of Household	Spouse	Child	Child	Child	Child
Formal First Name (with last name if different than family name)						
Informal or nickname						
Male/Female						
Birth Date: Month / Day / Year						
Education: Level completed						
Occupation						
Religion: Catholic (Yes / No)						
Other (specify)						
Sacraments received (Yes / No)						
Baptism						
Eucharist						
Reconciliation						
Confirmation						
Marriage						
Date of Marriage						
Church of Marriage						
City of Marriage						
Married by Catholic Priest/Deacon?						
Marital Status						
Single						
Married						
Separated						
Divorced						
Widowed						
Homebound (Yes / No)						