

**St. Thomas the Apostle Parish**  
**47 Pine Street**  
**West Springfield, MA 01089**

(413) 739-4779 ~ Fax (413) 739-1608  
 website: [www.stthomaswestspringfield.org](http://www.stthomaswestspringfield.org)  
 email: [stthomassecretary@comcast.net](mailto:stthomassecretary@comcast.net)

OFFICE USE ONLY

Parish ID No.: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

**Parish Census**

MARRIAGE INFORMATION

Church/Place of Marriage: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Date of Marriage: \_\_\_\_\_  
 Married by:  
     \_\_\_ Catholic Priest  
     \_\_\_ Protestant Minister  
     \_\_\_ Justice of the Peace  
     \_\_\_ Other \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_

*Please provide (print clearly) the following information for each member of your family, including each of your children living at home or in college, and return this form as soon as possible. This information is strictly confidential.*

FIRST NAME (Last Name if Different) (Include Title - Mr., Mrs., Ms.)	MIDDLE INITIAL	MARITAL STATUS (below)	RELIGION (below)	SEX	BIRTH DATE	BAPTISM (Y/N)	FIRST COMM (Y/N)	CON- FIRMED (Y/N)	SCHOOL/ EMPLOYER	GRADE	CCD (Y/N)	SPECIAL (below)

WE WANT TO KNOW AND SERVE YOU.  
 We hope you will favor us with your presence.

PARISH SUPPORT

Do you wish to receive (or continue to receive) contribution envelopes?  
 Yes      No

<u>Marital Status</u>	<u>Religion</u>	<u>Special</u>
1 - Married	1 - Catholic	1 - Visually Impaired
2 - Single	2 - Baptist	2 - Hearing Impaired
3 - Widow/Widower	3 - Congregational	3 - Mental Handicap
4 - Separated	4 - Episcopalian	4 - Physical Handicap
5 - Divorced	5 - Lutheran	5 - Home Bound
	6 - Methodist	6 - Nursing Home Resident
	7 - Presbyterian	
	8 - Other	