

St. Thomas More Church/St. Veronica Chapel
Family Census Information

Last Name: _____

Date of Registration _____

Title: Mr./Mrs. Mr. Mrs. Ms. Miss Dr./Mrs. PO Box _____ Street Address _____

City/State _____ Zip Code _____ Telephone Number _____

Cell Phone Number _____

E-Mail Address _____

Fax Number _____

ADULT

ADULT

CHILD

CHILD

CHILD

OTHER

Elderly Relative, etc.

First Name _____

Marital Status _____

Date: _____

Catholic: Y N _____

Special Needs _____

Occupation _____

Gender

M

F

M

F

M

F

M

F

M

F

M

F

Birth Date _____

Baptism Y N Y N Y N Y N Y N Y N

1ST Penance Y N Y N Y N Y N Y N Y N

1st Communion Y N Y N Y N Y N Y N Y N

Confirmation Y N Y N Y N Y N Y N Y N

Would you like to support our parish with Faith Direct on-line giving? Yes _____ No _____

Would you like to receive regular weekly support envelopes? Yes _____ No _____

We extend an invitation to you to volunteer your services, job experiences, expertise, etc. to our Parish Community.

I would like to offer my gifts and talents in the following ways:

(Please write the name of the person who wishes to become involved in any of the Ministries listed below.)

Religious Education_____

Visitation of the Sick_____

Music Ministry (Choir)_____

Social Activities_____

Youth Ministry_____

In Addition to the above areas of Ministry, please let us know if there is any other way that you would like to help.
