

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 <small>Elderly Relative, etc.</small>	
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
1 ST Penance	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
1 ST 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.
