

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 |
| 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.
