



Welcome to St. Thomas the Apostle

Office Use Only	
Date:	/ /
ID/Env :	

Parishioner Registration Form			
Full Name:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: ____	
Date of birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone:	Cell:	Work:	
Address:			
City:	State:	ZIP Code:	
E-mail:			
Baptized: <input type="checkbox"/> Yes , Date: _____ <input type="checkbox"/> No		Confirmation : <input type="checkbox"/> Yes , Date: _____ <input type="checkbox"/> No	
New Parishioners? <input type="checkbox"/> Yes <input type="checkbox"/> No		Re-registration? <input type="checkbox"/> Yes, Date joined parish _____ <input type="checkbox"/> No	
Marital Status:			
Do you have children aged 3-14?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are they Registered for Sunday School?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please send me information about		<input type="checkbox"/> Sunday School <input type="checkbox"/> Saint Thomas School	
May we welcome you in the parish bulletin?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate the parish ministries or activities you would like to learn more about:			
<u>Liturgical Ministries</u> <input type="checkbox"/> Liturgy Committee <input type="checkbox"/> Altar Guild / Sacristans <input type="checkbox"/> Communion Ministers and Lectors <input type="checkbox"/> Sunday 830am mass Choir <input type="checkbox"/> 11am Contemporary Mass Choir <input type="checkbox"/> Liturgical Arts and Environment <input type="checkbox"/> Ushers <input type="checkbox"/> Altar Servers <input type="checkbox"/> Motet choir <u>Spiritual Life Development</u> <input type="checkbox"/> Charismatic Prayer Group <input type="checkbox"/> Communion and Liberation Group		<u>Community Life and Outreach Ministries</u> <input type="checkbox"/> Welcoming Ministry <input type="checkbox"/> Religious Education Program <input type="checkbox"/> Hospitality Coordination <input type="checkbox"/> Historical and Architectural Heritage <input type="checkbox"/> Knights of Columbus <input type="checkbox"/> Ladies Auxiliary of the Knights of Columbus <input type="checkbox"/> Ministry of Care <input type="checkbox"/> Respect Life / Consistent Ethic of Life <input type="checkbox"/> St. Vincent de Paul Society <input type="checkbox"/> Youth Group volunteers <input type="checkbox"/> Young Adult Ministry	

Please continue on the other side

INFORMATION ON SPOUSE, CHILDREN AND OTHER HOUSEHOLD MEMBERS (1)

Full Name:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: ____
Date of birth:	Relationship:	
Baptized: <input type="checkbox"/> Yes , Date: _____ <input type="checkbox"/> No	Confirmation : <input type="checkbox"/> Yes , Date: _____ <input type="checkbox"/> No	

INFORMATION ON SPOUSE, CHILDREN AND OTHER HOUSEHOLD MEMBERS (2)

Full Name:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: ____
Date of birth:	Relationship:	
Baptized: <input type="checkbox"/> Yes , Date: _____ <input type="checkbox"/> No	Confirmation : <input type="checkbox"/> Yes , Date: _____ <input type="checkbox"/> No	

INFORMATION ON SPOUSE, CHILDREN AND OTHER HOUSEHOLD MEMBERS (3)

Full Name:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: ____
Date of birth:	Relationship:	
Baptized: <input type="checkbox"/> Yes , Date: _____ <input type="checkbox"/> No	Confirmation : <input type="checkbox"/> Yes , Date: _____ <input type="checkbox"/> No	

INFORMATION ON SPOUSE, CHILDREN AND OTHER HOUSEHOLD MEMBERS (4)

Full Name:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: ____
Date of birth:	Relationship:	
Baptized: <input type="checkbox"/> Yes , Date: _____ <input type="checkbox"/> No	Confirmation : <input type="checkbox"/> Yes , Date: _____ <input type="checkbox"/> No	

OTHER INFORMATION

Is there anyone confined at home, or unable to attend Church, or in special need of the sacraments brought home?
 Yes , please indicate need _____ No

To support our parish, we encourage parishioners to make their donation ONLINE through GiveCentral. *GiveCentral* makes it fast, easy and convenient for parishioners to contribute to our church. You can give directly on the website using computers, smartphones and tablets.

I will sign up for online giving at *givecentral.org*

If you do not want to give online but you would like to receive envelopes, please check the below box.

I ask you to send me envelopes

This information will not be shared, and will only be used by the parish clergy and staff, so that we can plan for our work and ministry. We welcome you to our parish! We thank you for your continued membership and support! May God bless you in your Church membership and parish family.

Please return this form to the Parish office, to the Usher or drop it in the collection box.

St. Thomas the Apostle 5472 South Kimbark Avenue, Chicago, IL 60615-5299. (773) 324-2626