



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><b>Liturgical Ministries</b></u> <input type="checkbox"/> Liturgy Committee <input type="checkbox"/> Altar Servers <input type="checkbox"/> Altar Guild / Sacristans <input type="checkbox"/> Motet choir <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"/> Liturgical Drama for Children and Teens <u><b>Spiritual Life Development</b></u> <input type="checkbox"/> Charismatic Prayer Group <input type="checkbox"/> Communion and Liberation Group		<u><b>Community Life and Outreach Ministries</b></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"/> Young Catholics Connection YC2 <input type="checkbox"/> Young Adult Ministry <input type="checkbox"/> Visitation Law Clinic

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? <input type="checkbox"/> Yes , please indicate need _____ <input type="checkbox"/> No	
To support our parish, <input type="checkbox"/> I ask you to send me envelopes <input type="checkbox"/> I will sign up for online giving <a href="http://www.givecentral.org">www.givecentral.org</a> <input type="checkbox"/> Please send me information about the <i>To Teach Who Christ Is</i> Fund raising Campaign	

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