ST. THOMAS BECKET
CATHOLIC CHURCH

Parish Registration

Family Information

Family Name:_____ Preferred Contact Phone #:_____

Primary Family Email:_____

Address 1:_____

Address 2:_____

City:_____ State:_____ Zip Code:_____

Member Information

First Name:_____ Nickname:_____

Middle Name:_____ Gender: Male / Female

Last Name:_____ Role (spouse, child, etc.):_____

Date of Birth:_____ Phone #:_____

Maiden Name:_____ Marital Status: _____

Email:_____ Preferred Contact Method: Phone / Email

Medical Needs:_____ Allergies:_____

Other Notes:_____

Sacramental Information

Please request from your parish of baptism, or from the parish where you entered the Catholic Church, a complete sacramental record of all sacraments received for each individual.

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CATHOLIC CHURCH

Member Information

First Name:_____ Nickname:_____

Middle Name:_____ Gender: Male / Female

Last Name:_____ Role (spouse, child, etc.):_____

Date of Birth:_____ Phone #:_____

Maiden Name:_____ Marital Status: _____

Email:_____ Preferred Contact Method: Phone / Email

Medical Needs:_____ Allergies:_____

Other Notes:_____

Member Information

First Name:_____ Nickname:_____

Middle Name:_____ Gender: Male / Female

Last Name:_____ Role (spouse, child, etc.):_____

Date of Birth:_____ Phone #:_____

Maiden Name:_____ Marital Status: _____

Email:_____ Preferred Contact Method: Phone / Email

Medical Needs:_____ Allergies:_____

Other Notes:_____

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