

Joining the Parish

St. Thomas the Apostle Catholic Church Family Registration Form

Bring the completed form to the Parish Office:

St. Thomas the Apostle Catholic Church
New Parishioner and Update Registration
4100 S. Coulter St.
Amarillo, TX 79109

- OR -

FAX the completed form to the Secretary:

FAX: (806) 358-2529

- OR -

Email the completed form to the Secretary
with the subject line as **Family Registration:**
Email Address: rwalker@stthomasamarillo.org

From Adobe Reader's menu select **File** then select **Send To**
Email Address: rwalker@stthomasamarillo.org

St. Thomas the Apostle Catholic Church
Family Registration
4100 S. Coulter St., Amarillo, TX 79109 (806) 358-2461

Reg Date:

Last Name: First Name(s):

Mailing Name (i.e. Mr. and Mrs. John Doe):

Address: Address 2:

City: State: Zip Code:

Area Code: Home Phone: Emerg. Phone:

Family Email: Env #:

Individual Member Information

Parish Status (Active/Inactive): <input type="text"/>	<input type="text"/>
Role (Head of House, husband, etc.): <input type="text"/>	<input type="text"/>
First Name/Nickname: <input type="text"/>	<input type="text"/>
Gender: Male/Female: <input type="text"/> (Maiden): <input type="text"/>	Gender: Male/Female: <input type="text"/> (Maiden): <input type="text"/>
DOB (mm/dd/yyyy): <input type="text"/>	<input type="text"/>
Email: <input type="text"/>	<input type="text"/>
Work Phone/Cell Phone: W: <input type="text"/> C: <input type="text"/>	W: <input type="text"/> C: <input type="text"/>
First Language: <input type="text"/>	<input type="text"/>
Occupation/Employer: <input type="text"/>	<input type="text"/>
Sacramental Information: Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Dates (mm/dd/yyyy): <input type="text"/>	<input type="text"/>
Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/>
Date: <input type="text"/> Date: <input type="text"/>	Date: <input type="text"/> Date: <input type="text"/>
Marital Status: <input type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	
<i>(Single, Married, Separated, Divorced, Annulled)</i>	
Are there any members of your household who would like to be visited by a priest? <input type="text"/>	

Dependent Children Information

Relationship to Head of Household	First Name	Last Name	Gender	Birthdate (mm/dd/yyyy)	H.S. Grad Year	School First Language
<i>(Son, Daughter, Mother, Father, etc...)</i>						
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place an X if Sacrament Received.	Baptism? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist? <input type="checkbox"/>	Reconciliation? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>	
Add date if Known.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place an X if Sacrament Received.	Baptism? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist? <input type="checkbox"/>	Reconciliation? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>	
Add date if Known.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place an X if Sacrament Received.	Baptism? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist? <input type="checkbox"/>	Reconciliation? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>	
Add date if Known.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place an X if Sacrament Received.	Baptism? <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist? <input type="checkbox"/>	Reconciliation? <input type="checkbox"/>	Confirmation? <input type="checkbox"/>	
Add date if Known.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent Children Information

Relationship to Head of Household <i>(Son, Daughter, Mother, Father, etc...)</i>	First Name	Last Name	Gender	Birthdate <i>(mm/dd/yyyy)</i> Birthplace	H.S. Grad Year	School First Language
5.						
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?
Add date if Known.						
6.						
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?
Add date if Known.						
7.						
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?
Add date if Known.						
8.						
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?
Add date if Known.						
9.						
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?
Add date if Known.						
10.						
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?
Add date if Known.						
11.						
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?
Add date if Known.						
12.						
Place an X if Sacrament Received.		Baptism?	Catholic?	Eucharist?	Reconciliation?	Confirmation?
Add date if Known.						