

ST. THOMAS THE APOSTLE CHURCH

Oxford, CT 06478

All information is confidential for parish staff only

OFFICE USE ONLY	
Date	_____
Family ID	_____
Env No	_____
AAA	_____

PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF FORM

DATE _____

FAMILY NAME _____

STREET ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____

(if different) _____

TOWN _____ STATE _____ ZIP CODE _____

DAYTIME PHONE _____ EVENING PHONE _____

CELL PHONE _____ OTHER PHONE _____

EMAIL _____ 2ND EMAIL _____

PLEASE LIST BELOW NAMES OF ALL MEMBERS OF YOUR HOUSEHOLD				MARITAL STATUS or Relationship	MARRIED BY PRIEST/DEACON?	RELIGION	SEX M / F	DATE OF BIRTH MM/DD/YYYY	BAPTISM Y / N	ATTENDS CHURCH	FIRST COMM. Y / N	CONFIRMATION Y / N	SPECIAL NEEDS	OCCUPATION <i>(Please Specify)</i>
Mr. & Mrs., Mr., Mrs., Ms., Miss, Dr., Dr. & Mrs./Mr.				1. Married 2. Single 3. Widowed 4. Separated 5. Divorced 6. Child 7. Parent 8. Other <i>(specify)</i>	Y / N	1. Catholic 2. Baptist 3. Congre. 4. Episcopal 5. Lutheran 6. Method. 7. Presbe. 8. Jewish 9. Islamic 10. Orthod. 11. Other			DATE IF KNOWN	1. Daily 2. Weekly 3. Monthly 4. Seldom 5. Holidays 6. Never	Y / N	Y / N	1. Blind 2. Deaf 3. Mentally Disabled 4. Physically Disabled 5. Learning Disabled 6. Shut in 7. Other <i>(specify)</i>	
FIRST NAME	MIDDLE INITIAL	MAIDEN NAME	LAST NAME <i>(if different)</i>											
1														
2														
3														
4														
5														
6														
7														
8														

Please complete other side 

