

St. Thomas More Church
1439 Springdale Road
Cherry Hill, NJ 08003

Parish Registration

(please print all information)

Address Mail To: _____

Include preferred titles (Mr., Miss, Ms., Dr., etc.) and suffixes such as (Jr., Sr., III, etc.)

Street Address: _____

Include Apt. #

City: _____ State: _____ Zip+4: _____ E-Mail: _____

Phone: (____) _____ Second Phone: (____) _____

Listed: YES NO

HEAD OF HOUSEHOLD

Last Name: _____ First Name: _____ M.I.: _____

Maiden Name, if applicable: _____ Religion: _____

Any noted health issues: _____ Occupation: _____ Phone: _____

Marital Status: _____ (Church marriage, N/Cath. Ceremony, Civil Marriage, Divorced, Separated, Single, Widowed, Annulled)

Date of Marriage: _____ Place: _____

Birth Date: _____ Baptized: YES NO Date: _____ Church: _____
Name & Town of Church

First Comm: YES NO (Church: _____)

Confirmation: YES NO (Church: _____)

SPOUSE/OTHER ADULT IN HOUSEHOLD

Last Name: _____ First Name: _____ M.I.: _____

Maiden Name, if applicable: _____ Religion: _____

Any noted health issues: _____ Occupation: _____

Birth Date: _____ Baptized: YES NO Date: _____ Church: _____

First Comm: YES NO (Church: _____)

Confirmation: YES NO (Church: _____)

Family Name: _____

Date: _____

(Office use) Env. # _____

ID# _____

<i>Please list only children residing at home.</i> If grandchildren, please note last name (if different from family), first name, middle initial	Sex (F) (M)	Birthdate (m, d, y)	Age	Baptism (Place/date)	First Comm (Place/date)	Confirmation (Place/date)	Present School And Grade	Rel. Ed. Student Grade
1								
2								
3								
4								
5								
6								

OTHER ADULT IN HOUSEHOLD

Last Name: _____ First Name: _____ M.I.: _____

Maiden Name, if applicable: _____ Religion: _____

Any noted health issues: _____ Occupation: _____

Relationship to head of household: _____

Birth Date: _____ Baptized: YES NO Date: _____ Church: _____

First Comm: YES NO Church: _____

Confirmation: YES NO Church: _____

Marital Status: _____ (Church marriage, N/Cath. Ceremony, Civil Marriage, Divorced, Separated, Single, Widowed, Annled)

Ethnic Background(s) of family : Caucasian _____ Hispanic _____ Filipino _____ African American _____ Vietnamese _____ Indian _____ Korean _____ Asian _____ Other _____

Please indicate the membership level of participation with the parish :
 This is my primary parish. I worship regularly here.
 This is my primary parish, but I am away for 3 or more months in the summer or winter

If this is an initial registration, please list your former parish:

_____ Church City State

(Office Use) Ministries: _____
