

# 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			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 

