

New Parishioner Registration (to return, drop this form in the Parish Office Box at Church or the Parish Office):

Please complete this card so that we register you as a parishioner and send you a welcome letter

Please circle – Mr/Mrs/Ms/Miss

CHRISTIAN NAME: _____ SURNAME: _____

HOME PHONE: _____ MOBILE: _____ EMAIL: _____

OCCUPATION: _____ RELIGION: _____

Please circle – Mr/Mrs/Ms/Miss

CHRISTIAN NAME: _____ SURNAME: _____

HOME PHONE: _____ MOBILE: _____ EMAIL: _____

OCCUPATION: _____ RELIGION: _____

ADDRESS: _____

Would you like to support St Thomas the Apostle Parish Financially? Would you join the Stewardship program and contribute weekly, monthly or yearly? YES / NO (please circle)

CHILDREN INFORMATION: (please attach paper for additional children)

| FIRST NAME | SURNAME | SEX | RELIGION | BIRTH DATE | OCCUPATION/SCHOOL NAME |
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