

**SAINT THOMAS MORE CHURCH**  
**510 Bayshore Drive**  
**Pensacola, FL 32507**  
**Telephone No.: 456-2543**

**PARISH REGISTRATION FORM**

Family Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Married: \_\_\_ Single: \_\_\_ Widowed: \_\_\_ Divorced \_\_\_

If Married: Date of marriage: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Parish attended: \_\_\_\_\_

Please indicate the parish activities you would like to be involved in:

Eucharistic Minister \_\_\_ Lector \_\_\_ Usher \_\_\_ Choir \_\_\_ CCD Teacher \_\_\_

Parish Council \_\_\_ Knights of Columbus \_\_\_ Ladies Society \_\_\_ Men's Club \_\_\_

Youth Group \_\_\_ Please list any others not named: \_\_\_\_\_

Please list any community activities you are involved in: \_\_\_\_\_

Please list information on Children or other Adults in your household. Please indicate your C for child or A for another adult.

\_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates: Baptized: \_\_\_\_\_ First Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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