



**SAINT THOMAS MORE CHURCH**  
**510 Bayshore Drive \* Pensacola, FL 32507**  
**Telephone 850-456-2543**

**PARISH REGISTRATION FORM**

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

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

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

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

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

Married: Civilly \_\_\_\_ Married in the Catholic Church \_\_\_\_ Date of Marriage: \_\_\_\_\_

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

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

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

\_\_\_\_ C or A \_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_ C or A \_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_ C or A \_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Extraordinary Minister \_\_\_\_ Reader \_\_\_\_ Usher \_\_\_\_ Choir \_\_\_\_ R.E. Teacher \_\_\_\_

Parish Council \_\_\_\_ Knights of Columbus \_\_\_\_ Ladies Society \_\_\_\_ Youth Group \_\_\_\_

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