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ID NO.



LETTER OF	TRANSFER
	NOTIFIED
	RECEIVED

## ST. THOMAS MORE CHURCH • 51 MARKETPLACE • IRVINE • CA 92602 • 949-551-8601

## PARISH REGISTRATION FORM

(PLEASE PRINT CLEARLY)

FAMILY NAME:		DATE:						
ADDRESS:			Y:			ZI	P CODE:	
Phone: ()		EM	AIL:					
We encourage you to consider signing up or debit card. It takes just a few minutes www.stmirvine.org, locate the "E-GIVING"	to set up a recurri	ng giving plan. As	k to be :	set up	today or to	o learn more, visi		
Please send me offering envelopes: YES	NO	_						
	F	AMILY INFORM	ATION					
HEAD OF HOUSEHOLD (First)	(Last	t)			EMAIL			
PLACE OF BIRTH			DOB		//_	MALE _	FE	MALE
MARITAL STATUS:	SINGLE	MARRIED	_ DIVO	RCED _	SE	PARATED	WIDOW	/ED
RELIGION			CAT	HOLIC S	SACRAMEN <sup>®</sup>	TS RECEIVED		
HANDICAP		BAPT	ISM	YES	NO _	DATE:	/	/
LANGUAGE		RECONCILIA	ION			DATE:		
EDUCATION		FIRST COMMUN	IION			DATE:		
OCCUPATION		CONFIRMAT	ION	YES	NO _	DATE:	/	/
CELL PHONE ()		MARR	AGE	YES	NO _	DATE:	/	/
BUS PHONE ()								
EMPLOYER (INCLUDE ADDRESS)								-
	F	AMILY INFORM	ATION					
SPOUSE (First)	(Last)	EN	1AIL					
PLACE OF BIRTH			DOB		//_	MALE _	FE	MALE
MARITAL STATUS:	SINGLE	MARRIED	_ DIVO	RCED _	SE	PARATED	WIDOW	/ED
RELIGION				<u>C.</u>	ATHOLIC SA	ACRAMENTS RECE	<u>IVED</u>	
HANDICAP		BAPT	ISM	YES	NO _	DATE:	/	/
LANGUAGE		RECONCILIA	ION	YES	NO _	DATE:	/	/
EDUCATION		FIRST COMMUN	IION	YES	NO _	DATE:	/	/
OCCUPATION		CONFIRMAT	ION	YES	NO _	DATE:	/	/
CELL PHONE ()		MARRI	AGE	YES	NO _	DATE:	/	/
BUS PHONE ()								
EMPLOYER (INCLUDE ADDRESS)								_

		FAMILY INFORMATION					
NAME (First)		(Last)		M	ALE	FEMALE	
PLACE OF BIRTH				DC	OB/		
MARITAL STATUS:	SINGLE	MARRIED DIVORCED	)	_ SEPARATEI	D	WIDOWED_	<del></del>
RELIGION		<u>c</u>	ATHOLIC S	ACRAMENTS	RECEIVED		
HANDICAP		BAPTISM	YES	NO	DATE:	/	
LANGUAGE		RECONCILIATION	YES	NO	DATE:	/	
EDUCATION		FIRST COMMUNION	YES	NO	DATE:	/	
GRADE		CONFIRMATION	YES	NO	DATE:	/	_/
OCCUPATION		MARRIAGE	YES	NO	DATE:	/	_/
NAME (First)		(Last)		M	ALE	FEMALE	
PLACE OF BIRTH				DC	OB/		
MARITAL STATUS:	SINGLE	MARRIED DIVORCE	D	SEPARATE	ED	WIDOWED	
RELIGION		<u>C</u> A	ATHOLIC SA	CRAMENTS R	ECEIVED		
HANDICAP		BAPTISM	YES	NO	DATE:	/	_/
LANGUAGE		RECONCILIATION	YES	NO	DATE:	/	
EDUCATION		FIRST COMMUNION	YES	NO	DATE:	/	_/
GRADE		CONFIRMATION	YES	NO	DATE:	/	_/
OCCUPATION		MARRIAGE	YES	NO	DATE:	/	_/
NAME (First)		(Last)		M	ALE	FEMALE	
NAME (First)		(Last)					
				DC	OB/		
PLACE OF BIRTH	SINGLE	MARRIED DIVORCE	ED	DC	DB/ ED		
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