

(FOR OFFICE USE ONLY)

ID NO.

St. Thomas More Parish

51 Marketplace
Irvine, California 92602
(949) 551-8601

LETTER OF PERMISSION

___ NOTIFIED

___ RECEIVED

PARISH REGISTRATION FORM

(PLEASE PRINT CLEARLY)

FAMILY NAME _____ DATE ____/____/____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

PHONE NUMBER WITH AREA CODE _____

EMAIL: _____

FAMILY INFORMATION

HEAD OF HOUSEHOLD _____ DOB ____/____/____

PLACE OF BIRTH _____

MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED _____ SEPARATED _____ WIDOWER _____

RELIGION _____

CATHOLIC SACRAMENTS RECEIVED

HANDICAP _____

BAPTISM NO _____ YES _____ DATE ____/____/____

LANGUAGE _____

RECONCILIATION NO _____ YES _____ DATE ____/____/____

EDUCATION _____

FIRST COMMUNION NO _____ YES _____ DATE ____/____/____

OCCUPATION _____

CONFIRMATION NO _____ YES _____ DATE ____/____/____

BUSINESS PHONE _____

MARRIAGE NO _____ YES _____ DATE ____/____/____

EMPLOYER (INCLUDE ADDRESS) _____

SPOUSE _____ MAIDEN NAME _____ DOB ____/____/____

PLACE OF BIRTH _____

MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED _____ SEPARATED _____ WIDOW _____

RELIGION _____

CATHOLIC SACRAMENTS RECEIVED

HANDICAP _____

BAPTISM NO _____ YES _____ DATE ____/____/____

LANGUAGE _____

RECONCILIATION NO _____ YES _____ DATE ____/____/____

EDUCATION _____

FIRST COMMUNION NO _____ YES _____ DATE ____/____/____

OCCUPATION _____

CONFIRMATION NO _____ YES _____ DATE ____/____/____

BUSINESS PHONE _____

MARRIAGE NO _____ YES _____ DATE ____/____/____

EMPLOYER (INCLUDE ADDRESS) _____

MEMBER INFORMATION

NAME _____ SEX MALE _____ FEMALE _____
DATE OF BIRTH ____ / ____ / ____ PLACE OF BIRTH _____
RELIGION _____ SACRAMENTS:
HANDICAP _____ BAPTISM NO _____ YES _____ DATE ____ / ____ / ____
LANGUAGE _____ RECONCILIATION NO _____ YES _____ DATE ____ / ____ / ____
SCHOOL _____ FIRST COMMUNION NO _____ YES _____ DATE ____ / ____ / ____
GRADE _____ CONFIRMATION NO _____ YES _____ DATE ____ / ____ / ____
OCCUPATION _____ MARRIAGE NO _____ YES _____ DATE ____ / ____ / ____

NAME _____ SEX MALE _____ FEMALE _____
DATE OF BIRTH ____ / ____ / ____ PLACE OF BIRTH _____
RELIGION _____ SACRAMENTS:
HANDICAP _____ BAPTISM NO _____ YES _____ DATE ____ / ____ / ____
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GRADE _____ CONFIRMATION NO _____ YES _____ DATE ____ / ____ / ____
OCCUPATION _____ MARRIAGE NO _____ YES _____ DATE ____ / ____ / ____

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LANGUAGE _____ RECONCILIATION NO _____ YES _____ DATE ____ / ____ / ____
SCHOOL _____ FIRST COMMUNION NO _____ YES _____ DATE ____ / ____ / ____
GRADE _____ CONFIRMATION NO _____ YES _____ DATE ____ / ____ / ____
OCCUPATION _____ MARRIAGE NO _____ YES _____ DATE ____ / ____ / ____