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Welcome: ☐ E-mailed ☐ Mailed

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☐ Sacrament only / non-parishioner

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CLEAR FORM

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

FAMILY REGISTRATION

(PLEASE PRINT CLEARLY)

Select one department to receive this form:

CONFIRMATION ☐ Confirmation@stmirvine.org

FIRST COMMUNION ☐ CFF@stmirvine.org

GENERAL ☐ Frontdesk@stmirvine.org

FAMILY NAME: _____ **DATE:** _____

ADDRESS: _____

STREET CITY STATE/ZIP CODE

PHONE: (Preferred) (_____) _____ - _____ **EMAIL:** (Preferred) _____

We encourage you to consider signing up for our electronic giving program. We accept donations made from your bank account, credit card or debit card. It takes just a few minutes to set up a recurring giving plan. Ask to be set up today or to learn more, visit the church website: www.stmirvine.org, locate the "E-GIVING" link and complete the form. We thank you for supporting our mission!

Please send me offering envelopes: ☐ **Yes** ☐ **No**

HEAD OF HOUSEHOLD (First)_____ (Last)_____ ☐ MALE ☐ FEMALE

DOB: _____/ _____/ _____ PLACE OF BIRTH: _____

CELL PHONE: (_____) _____ - _____ EMAIL: _____

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED

RELIGION _____

CATHOLIC SACRAMENTS RECEIVED

LANGUAGE _____ BAPTISM ☐ Yes ☐ No DATE: _____/ _____/ _____

EDUCATION _____ RECONCILIATION ☐ Yes ☐ No DATE: _____/ _____/ _____

OCCUPATION _____ FIRST COMMUNION ☐ Yes ☐ No DATE: _____/ _____/ _____

SPECIAL NEEDS DETAILS _____ CONFIRMATION ☐ Yes ☐ No DATE: _____/ _____/ _____

_____ MARRIAGE ☐ Yes ☐ No DATE: _____/ _____/ _____

SPOUSE (First)_____ (Last)_____ ☐ MALE ☐ FEMALE

DOB: _____/ _____/ _____ PLACE OF BIRTH: _____

CELL PHONE: (_____) _____ - _____ EMAIL: _____

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED

RELIGION _____

CATHOLIC SACRAMENTS RECEIVED

LANGUAGE _____ BAPTISM ☐ Yes ☐ No DATE: _____/ _____/ _____

EDUCATION _____ RECONCILIATION ☐ Yes ☐ No DATE: _____/ _____/ _____

OCCUPATION _____ FIRST COMMUNION ☐ Yes ☐ No DATE: _____/ _____/ _____

SPECIAL NEEDS DETAILS _____ CONFIRMATION ☐ Yes ☐ No DATE: _____/ _____/ _____

_____ MARRIAGE ☐ Yes ☐ No DATE: _____/ _____/ _____

CONTINUE TO NEXT PAGE FOR ADDITIONAL FAMILY MEMBERS

FAMILY INFORMATION

NAME:_____ ☐ MALE ☐ FEMALE
First Middle Last

DOB: _____/_____/_____ PLACE OF BIRTH: _____

SON____ DAUGHTER____ OTHER_____

RELIGION _____

LANGUAGE_____

GRADE _____

SPECIAL NEEDS DETAILS _____

_____

_____

CATHOLIC SACRAMENTS RECEIVED

BAPTISM	☐ Yes	☐ No	DATE: _____/ _____/ _____
RECONCILIATION	☐ Yes	☐ No	DATE: _____/ _____/ _____
FIRST COMMUNION	☐ Yes	☐ No	DATE: _____/ _____/ _____
CONFIRMATION	☐ Yes	☐ No	DATE: _____/ _____/ _____
MARRIAGE	☐ Yes	☐ No	DATE: _____/ _____/ _____

NAME:_____ ☐ ☐ MALE ☐☐ FEMALE
First Middle Last

DOB: _____/_____/_____ PLACE OF BIRTH: _____

SON____ DAUGHTER____ OTHER_____

RELIGION _____

LANGUAGE_____

GRADE _____

SPECIAL NEEDS DETAILS _____

_____

_____

CATHOLIC SACRAMENTS RECEIVED

BAPTISM	☐ Yes	☐ No	DATE: _____/ _____/ _____
RECONCILIATION	☐ Yes	☐ No	DATE: _____/ _____/ _____
FIRST COMMUNION	☐ Yes	☐ No	DATE: _____/ _____/ _____
CONFIRMATION	☐ Yes	☐ No	DATE: _____/ _____/ _____
MARRIAGE	☐ Yes	☐ No	DATE: _____/ _____/ _____

NAME:_____ ☐ MALE ☐ FEMALE
First Middle Last

DOB: _____/_____/_____ PLACE OF BIRTH: _____

SON____ DAUGHTER____ OTHER_____

RELIGION _____

LANGUAGE_____

GRADE _____

SPECIAL NEEDS DETAILS _____

_____

_____

CATHOLIC SACRAMENTS RECEIVED

BAPTISM	☐ Yes	☐ No	DATE: _____/ _____/ _____
RECONCILIATION	☐ Yes	☐ No	DATE: _____/ _____/ _____
FIRST COMMUNION	☐ Yes	☐ No	DATE: _____/ _____/ _____
CONFIRMATION	☐ Yes	☐ No	DATE: _____/ _____/ _____
MARRIAGE	☐ Yes	☐ No	DATE: _____/ _____/ _____

NAME:_____ ☐ MALE ☐ FEMALE
First Middle Last

DOB: _____/_____/_____ PLACE OF BIRTH: _____

SON____ DAUGHTER____ OTHER_____

RELIGION _____

LANGUAGE_____

GRADE _____

SPECIAL NEEDS DETAILS _____

_____

_____

CATHOLIC SACRAMENTS RECEIVED

BAPTISM	☐ Yes	☐ No	DATE: _____/ _____/ _____
RECONCILIATION	☐ Yes	☐ No	DATE: _____/ _____/ _____
FIRST COMMUNION	☐ Yes	☐ No	DATE: _____/ _____/ _____
CONFIRMATION	☐ Yes	☐ No	DATE: _____/ _____/ _____
MARRIAGE	☐ Yes	☐ No	DATE: _____/ _____/ _____