## Parish Registration

St. Thomas More Church

1439 Springdale Road

Cherry Hill, NJ 08003

(please print all information)

| Address Mail To:            |                      | !                  |                                                  |                                                          |
|-----------------------------|----------------------|--------------------|--------------------------------------------------|----------------------------------------------------------|
| Include preferred titles (M | lr., Miss, Ms., Dr., | , etc.) and suffix | es such as (Jr., Sr                              | ., III, etc.)                                            |
| Street Address:             |                      | T 1 1 4 4 #        | · · · · · · · · · · · · · · · · · · ·            |                                                          |
|                             |                      | Include Apt. #     | •                                                |                                                          |
| City:                       | State:Zip+           | 4:                 | E-Mail:                                          |                                                          |
| Phone:()Listed: YES         |                      |                    |                                                  |                                                          |
| Listed: YES                 | S NO                 |                    |                                                  |                                                          |
| HEAD OF HOUSEHOLD           |                      | •                  |                                                  | ,                                                        |
| Last Name:                  |                      | First Nam          | e:                                               | M.I.:                                                    |
| Maiden Name, if applicable: | <u> </u>             |                    |                                                  |                                                          |
| Any noted health issues:    |                      | Occupation:        |                                                  | Phone:                                                   |
| Marital Status:             |                      |                    | urch marriage, N/Cath. (<br>Separated, Single, W | Ceremony, Civil Marriage, Divorced,<br>idowed, Annulled) |
| Date of Marriage:           | race:_               | Name & Town        | n of Church                                      |                                                          |
| Birth Date:Ba               | ptized: YES No       | O Date:            | Church:                                          |                                                          |
| First Comm: YES NO          | (Church:             |                    |                                                  | )                                                        |
| Confirmation: YES NO        |                      |                    | •                                                |                                                          |
| SPOUSE/OTHER ADULT          | <u>IN HOUSEHOLD</u>  | <u>!</u>           | ,                                                |                                                          |
| Last Name:                  |                      | First Name:_       |                                                  | M.I.:                                                    |
| Maiden Name, if applicable: |                      | Re                 | ligion:                                          |                                                          |
| Any noted health issues:    |                      |                    | Occupation:                                      |                                                          |
| Birth Date:Ba               | ptized: YES NO       | Date:              | Church:                                          |                                                          |
| First Comm: YES NO (        | Church:              |                    |                                                  | )                                                        |
| Confirmation: YES NO (      | Church:              |                    |                                                  | )                                                        |

| Please list only children residing at home. If grandchildren, please note last name (if different from family), first name, middle initial | Sex<br>(F)<br>(M)                    | Birthdate<br>(m, d, y) | Age    | Baptism<br>(Place/date)                       | First Comm<br>(Place/date)                                                                                     | 1                                            | Present School<br>And Grade                      | Rel. Ed.<br>Student<br>Grade |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------|--------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------|------------------------------|--|--|--|
| 1                                                                                                                                          |                                      |                        |        |                                               |                                                                                                                |                                              |                                                  |                              |  |  |  |
| 2                                                                                                                                          |                                      |                        |        |                                               |                                                                                                                |                                              |                                                  |                              |  |  |  |
| 3                                                                                                                                          |                                      |                        |        |                                               |                                                                                                                |                                              | •                                                |                              |  |  |  |
| 4                                                                                                                                          |                                      |                        |        |                                               |                                                                                                                |                                              |                                                  |                              |  |  |  |
| 5                                                                                                                                          |                                      |                        |        |                                               |                                                                                                                |                                              |                                                  |                              |  |  |  |
| б                                                                                                                                          |                                      |                        |        |                                               |                                                                                                                |                                              |                                                  |                              |  |  |  |
| OTHER ADULT IN                                                                                                                             | HO                                   | USEHOLD                |        | en mer en | e Mariento nella constitue de 1938, e que de 1939 e que de 1938 e que de 1939 e que de 1939 e que de 1939 e qu |                                              |                                                  |                              |  |  |  |
| Last Name:                                                                                                                                 | Last Name: First Name: M.I:          |                        |        |                                               |                                                                                                                |                                              |                                                  |                              |  |  |  |
| Maiden Name, if applicable: Religion:                                                                                                      |                                      |                        |        |                                               |                                                                                                                |                                              |                                                  |                              |  |  |  |
| Any noted health iss                                                                                                                       | Any noted health issues: Occupation: |                        |        |                                               |                                                                                                                |                                              |                                                  |                              |  |  |  |
| Relationship to head of household:                                                                                                         |                                      |                        |        |                                               |                                                                                                                |                                              |                                                  |                              |  |  |  |
| Birth Date: Baptized: YES NO Date: Church:                                                                                                 |                                      |                        |        |                                               |                                                                                                                |                                              |                                                  |                              |  |  |  |
| First Comm: YES NO Church:                                                                                                                 |                                      |                        |        |                                               |                                                                                                                |                                              |                                                  |                              |  |  |  |
| Confirmation: YES                                                                                                                          | NO                                   |                        |        |                                               |                                                                                                                | •                                            |                                                  |                              |  |  |  |
| Marital Status:                                                                                                                            |                                      |                        |        |                                               |                                                                                                                | narriage, N/Cath. Ca<br>Separated, Single, N | eremony, Civil Marriage, Di<br>Vidowed, Annlled) | vorced,                      |  |  |  |
| Ethnic Background(s                                                                                                                        | s) Ca                                | ucasian_<br>Viet       | H      | lispanic_<br>se Indi                          | Filipino_<br>anKoi                                                                                             | _ African Am<br>ean Asi                      | erican<br>anOther                                | ***                          |  |  |  |
| Please indicate the m () This is my prima () This is my prima                                                                              | ry pa                                | arish. I wo            | rship  | regularly her                                 | ·e.                                                                                                            |                                              | or winter                                        |                              |  |  |  |
| If this is an initial reg                                                                                                                  | gistra                               | tion, please           | list y | our former p                                  | arish:                                                                                                         |                                              |                                                  |                              |  |  |  |
| Church                                                                                                                                     |                                      |                        | City   |                                               | Stat                                                                                                           | <u></u> е                                    |                                                  |                              |  |  |  |
| (Office Use) Ministr                                                                                                                       | ies:_                                |                        |        |                                               | ··                                                                                                             |                                              |                                                  |                              |  |  |  |