

# St. Thomas More

2045 18<sup>th</sup> Street  
Corpus Christi, Texas 78404-3862  
(361) 888-9308

OFFICE USE ONLY	
Mem ID#	_____
OSV	_____
COMP	_____
LETTER	_____
eM-LIST	_____
ENV #	_____

Date: \_\_\_\_\_

I understand that by becoming a member of the St. Thomas More Community,

I am called to:

1. Attend Mass regularly at this parish.
2. Use my Sunday collection envelopes.
3. Support the Ministries of my parish.

**X** \_\_\_\_\_  
*Signature*

Please circle the Ministries or Groups you would like to join.	
<b>Parish Ministries &amp; Groups</b>	
Altar Servers	Men's Bible Study
Choir	R.C.I.A
Eucharistic Ministers	Catechesis of the Good Shepherd/Religious Ed
Hospitality Group	Ushers
Lectors	Youth Ministry

**How should mail to your home be addressed? (Circle One)**

Dr. & Dr.    Dr. & Mrs.    Mr. & Mrs.    Mr. & Ms.    Mr.    Mrs.    Ms.    Miss

**FAMILY INFORMATION**

Last Name: \_\_\_\_\_

Home Phone: ( ) -      Unlisted:  Yes     No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family E-Mail: \_\_\_\_\_

In your house are all Catholic?    Yes    Mixed? \_\_\_\_\_

Primary language spoken in your home: \_\_\_\_\_

Stewardship – A Way of Life		
Be A Steward of Talent	Be A Steward of Time	Be A Steward of Treasure
Develop your talents. Use your gifts to help change the lives of others.  Rejoice in your talents. God has given you unique gifts.  Use your talents. Share your talents with your parish community	Examine how you use your time. For a week, note the time spent with family, at work, etc.  Set Goals. Think about what you want to achieve with your life.  Make specific plans. Set aside time to help out at church.	Everything you have is a gift from God.  Stewardship means returning the first portion of all God has given to you as a way to thank Him.  Be content with enough. Learn to distinguish your needs from your wants. Enough of anything is all you need.

**HEAD OF HOUSHOLD**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: ( ) -      Work Phone: ( ) -      E-Mail: \_\_\_\_\_

Birthdate: / /    Sex:  M  F    Religion:  Catholic  Other: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Marital Status: (Circle One)    Single    Married    Divorced    Separated    Widowed      Maiden Name: \_\_\_\_\_

If Married, please complete the following:    Church Marriage Date: / /      Civil Marriage Date: / /

Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**SACRAMENTS**

	Baptism	Y	N	Reconciliation	Y	N	Communion	Y	N	Confirmation	Y	N
Date:												
Church:												
City/State:												

**SPOUSE**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Cell Phone: ( ) -      Work Phone: ( ) -      E-Mail: \_\_\_\_\_

Birthdate: / /    Sex:  M  F    Religion:  Catholic  Other: \_\_\_\_\_

**SACRAMENTS**

	Baptism	Y	N	Reconciliation	Y	N	Communion	Y	N	Confirmation	Y	N
Date:												
Church:												
City/State:												

## ST. THOMAS MORE CHURCH REGISTRATION FORM CONTINUED

<b>CHILD/DEPENDENT 1 (List ONLY Dependent Children)</b>				
First Name: _____		Middle Name: _____		Last Name: _____
Birthdate: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____		
School: _____	Grade: _____	Ethnicity: _____		
SACRAMENTS				
	<b>Baptism</b>	Y N	<b>Reconciliation</b>	Y N
Date:				
Church:				
City/State:				

<b>CHILD/DEPENDENT 2 (List ONLY Dependent Children)</b>				
First Name: _____		Middle Name: _____		Last Name: _____
Birthdate: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____		
School: _____	Grade: _____	Ethnicity: _____		
SACRAMENTS				
	<b>Baptism</b>	Y N	<b>Reconciliation</b>	Y N
Date:				
Church:				
City/State:				

<b>CHILD/DEPENDENT 3 (List ONLY Dependent Children)</b>				
First Name: _____		Middle Name: _____		Last Name: _____
Birthdate: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____		
School: _____	Grade: _____	Ethnicity: _____		
SACRAMENTS				
	<b>Baptism</b>	Y N	<b>Reconciliation</b>	Y N
Date:				
Church:				
City/State:				

<b>CHILD/DEPENDENT 4 (List ONLY Dependent Children)</b>				
First Name: _____		Middle Name: _____		Last Name: _____
Birthdate: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____		
School: _____	Grade: _____	Ethnicity: _____		
SACRAMENTS				
	<b>Baptism</b>	Y N	<b>Reconciliation</b>	Y N
Date:				
Church:				
City/State:				

<b>CHILD/DEPENDENT 5 (List ONLY Dependent Children)</b>				
First Name: _____		Middle Name: _____		Last Name: _____
Birthdate: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____		
School: _____	Grade: _____	Ethnicity: _____		
SACRAMENTS				
	<b>Baptism</b>	Y N	<b>Reconciliation</b>	Y N
Date:				
Church:				
City/State:				