

PARISH REGISTRATION: St. Thomas More Catholic Church, Brookings, SD 692- 4361

Save File to your computer & email to info@stmbrookings.org, or mail it. Env. # _____

Date _____ Previous Parish + City _____

FAMILY INFORMATION (Please print information)

Name _____

(Spouse Name) _____

Title Mr/Mrs Mr Mrs Ms Miss

Post Office Box _____ Street/Rural Address _____

City/State _____ Zip _____

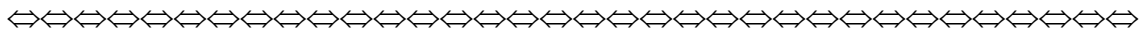
Phone Number _____ Unlisted Number? Yes No

E-Mail: _____

Marriage Date _____ Church & City/State _____

Marital Status Catholic Civil/Non Catholic Mixed Religion (Invalid)

Mixed Religion Single Divorced Widowed Separated



MEMBER INFORMATION

Adult Male

Adult Female

First Name		
Maiden Name		
Religion		
Occupation		
Place of Work		
Work Phone #		
Birth Date (Month/Day/Year)		
Education completed		

Baptism	Church		
Place	City/State		
Date (at least the year)			

Have you received the following sacraments?

Male

Female

First Reconciliation (Confession)	Yes _____ No _____	Yes _____ No _____
First Communion	Yes _____ No _____	Yes _____ No _____
Confirmation	Yes _____ No _____	Yes _____ No _____

Children registration information:

	Oldest Child	Second Child
Name		
Last Name		
Religion		
Male/Female		
Birth Date (Month/Day/Year)		
School & Grade		

Baptism		
Church		
City/State		
Date (Month/Year)		

Confirmation		
Church		
City/State		
Date (Month/Year)		

First Communion		
Church		
City/State		
Date (Month/Year)		

Sacrament of first Reconciliation? Yes No Yes No

	Third Child	Fourth Child
Name		
Last Name		
Religion		
Male/Female		
Birth Date (Month/Day/Year)		
School & Grade		

Baptism		
Church		
City/State		
Date (Month/Year)		

Confirmation		
Church		
City/State		
Date (Month/Year)		

First Communion		
Church		
City/State		
Date (Month/Year)		

Sacrament of first Reconciliation Yes No Yes No