

New Parishioner Registration Form
Current Parishioners Please See Reverse Side
Mail, drop by the parish office 9-4 M-F, or put in offertory basket
St. Thomas More Catholic Church
 636 W. Ponce de Leon Ave
 Decatur, GA 30030
PLEASE PRINT ALL ANSWERS CLEARLY

A

Family (Last) Name: _____ Date: _____

Registrant Name: _____ (M/F) Preferred Name: _____
Formal First Name & MI

Spouse's Name: _____ (M/F) Preferred Name: _____
Formal First Name & MI

Marital Status: Single () Married () Divorced () Widowed ()

If married, was it a Catholic Ceremony Yes No Date of Marriage m/d/y _____

Street Address _____ City: _____ Zip Code: _____

Primary Phone #: _____ Phone unlisted? Yes No

Primary E-Mail Address: _____

Personal Info.	Registrant: Mr. Mrs. Ms. Miss Dr.	Spouse: Mr. Mrs. Ms. Miss Dr.
First Name & last, if different		
Date of Birth m/d/y		
Sacraments Received (X)	Baptism___Communion___Confirmation___Marriage___	Baptism___Communion___Confirmation___Marriage___
Religion		
Cell Phone #		
Occupation		
Employer Name		
Work Phone		

DEPENDENT INFORMATION (LIVING AT HOME)

Name, MI (Last, if different)	Nickname	Religion	Birth Date	M/F	Baptized Yes or No	Communion Yes or No	Confirmation Yes or No

Do you wish to receive the Archdiocesan Newspaper (The Georgia Bulletin)? Yes No

Do you want to be on the blast email list Yes No