

St. Thomas the Apostle Parish
 47 Pine Street
 West Springfield, MA 01089

OFFICE USE ONLY

Family #: _____

Registration: _____

PARISH CENSUS

Please Print All Information

FAMILY NAME		STATE	
ADDRESS		ZIP	
CITY		TELEPHONE	

Marriage Information

Church / Place of Marriage: _____
 City / State: _____

Date of Marriage: _____

Married by:

___ Catholic Priest
 ___ Protestant Minister
 ___ Justice of the Peace
 ___ Other _____

Please provide the following information for each member of your family including each of your children in college or living at home.

	FIRST NAME (Last Name if Different) (include Title - Mr., Mrs, Ms)	MIDDLE INITIAL	MARITAL STATUS (below)	RELIGION (below)	SEX	BIRTH DATE	BAPTISM (Y/N)	FIRST COMM (Y/N)	CON- FIRMED (Y/N)	SCHOOL/ EMPLOYER	GRADE	CCD (Y/N)	SPECIAL (below)
A													
B													
C													
D													
E													
F													
G													
H													

SPECIAL INSTRUCTIONS

Please print and fill in as much information as possible and return survey form as early as possible. This information is strictly confidential.

Marital Status

- 1 - Married
- 2 - Single
- 3 - Widow / Widower
- 4 - Separated
- 5 - Divorced

Religion

- 1 - Catholic
- 2 - Baptist
- 3 - Congregational
- 4 - Episcopalian
- 5 - Lutheran
- 6 - Methodist
- 7 - Presbyterian
- 8 - Other

Special

- 1 - Blind
- 2 - Deaf
- 3 - Mental Handicap
- 4 - Physical Handicap
- 5 - Shut In

WE WANT TO KNOW AND SERVE YOU.
 We hope you will favor us with your presence.

Parish Support

Do you wish to receive (or continue to receive) contribution envelopes? Y N