

Please Print all Information.
Bold, shaded Fields are required.

SKT-LMC AT ST. THOMAS THE APOSTLE CHURCH

For Office use Only

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Family name			Address				Apt. # or PO Box	
City	Zip Code	Publish Addr? Yes ___ No ___	Main Phone #	Publish #? Yes ___ No ___	Other Phone #	Maiden Name		
Family email Publish? Yes ___ No ___			Marriage blessed by the Roman Catholic Church? Yes ___ No ___		How do you wish to support the parish? Envelopes ___ Online Giving ___ Bank ___			

List first names of all in your family unit. List last name only if it is not the same as the family name listed above.	Sex M F	Date of Birth			Marital Status Single 1 Married 2 Widow 3 Sep. 4 Divorce 5	Baptized Catholic 1 Other Christ. 2 No 3 Other. 4	First Comm. Yes 1 No 2	First Pen. Yes 1 No 2	Con-firmed Yes 1 No 2	Occupation / Profession	Relig. Instr. Cath. School 1 Rel. Ed. Prog. 2 None 3	Needs & Interests Use code no. from list below.
		Title	First Name	Middle Initial								
1											—	
2											—	

Dependent Children (oldest to youngest)

3											—	
4											—	
5											—	
6											—	

How can SKT-LMC serve you?

1. Have a priest contact you
2. Scripture study group
3. Family oriented programs
4. Teen activities
5. Prayer groups
6. Other

What skills or interests can you share with SKT-LMC?

7. Building maintenance
8. Grounds keeping
9. Church / parish center cleaning
10. Evangelization
11. Other

Liturgy:

12. Lector
13. Usher / Greeter
14. Choir
15. Altar boy
16. Sacristan

Social Ministry:

17. Provide transportation
18. Deliver food, items collected to area food banks & agencies
19. Other

Faith Formation

20. Religious Ed. teacher / aide
21. Help with sacramental prep.
22. RCIA (convert program)

Received by: _____ Date _____

Office Notes: _____