



## Family Contact Information

Today's Date: \_\_\_\_\_

**Title:** (Circle one) Mr/Mrs; Mr; Mrs; Ms; Dr/Dr; Dr/Mrs; Mr/Dr; Dr;

**Family Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

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

**E-mail:** \_\_\_\_\_

**How long have you been attending Mass at St. Thomas Aquinas Church?**

**Would you like to receive our e-Newsletter?**   
 (e-mail address required)

**Previous Parish Name:** \_\_\_\_\_

## Family Member Information

					Sacraments Received in the Catholic Church			
Family Member Names	Gender	Birth Date	Religion (Ex: Catholic, Baptist, Jewish, Muslim etc.)	Ethnicity (Ex: Caucasian, African American, Hispanic, Native American, Asian, Multi-Racial etc.)	Baptism	1st Eucharist	1st Reconciliation	Confirmation
Male/Husband		/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female/Wife		/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	M / F	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	M / F	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	M / F	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	M / F	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	M / F	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	M / F	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Current marital status:**  Single  Married  Divorced  Widowed

**Wedding Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Were you married with the blessing of the Catholic Church?**  Yes  No

## Employment Information

**Male / Husband Employer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Female / Wife Employer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

# Family Interests and Activities

Please select any of the Ministries, Organizations, and Religious Educational Opportunities that you or your family members are interested in learning more about. Descriptions of all items can be found on our website <http://www.stacharlotte.com>.

Ministries		Religious Education		Organizations	
Altar Care   Church Decorations	<input type="checkbox"/>	Adult Religious Education	<input type="checkbox"/>	<i>Parish Organizations</i>	
Altar Servers	<input type="checkbox"/>	Bible Study	<input type="checkbox"/>	Athletic Association	<input type="checkbox"/>
Bereavement Ministry	<input type="checkbox"/>	Children's Faith Formation	<input type="checkbox"/>	Women's Group	<input type="checkbox"/>
Care Teams	<input type="checkbox"/>	JOURNEY	<input type="checkbox"/>	Young at Heart	<input type="checkbox"/>
Choir: Traditional   Children   Contemporary	<input type="checkbox"/>	Preschool	<input type="checkbox"/>	<i>Other Organizations</i>	
Extraordinary Ministers of Holy Communion	<input type="checkbox"/>	Story Time	<input type="checkbox"/>	Boy Scouts	<input type="checkbox"/>
Helping Hands Ministry to The Poor	<input type="checkbox"/>	Vacation Bible School	<input type="checkbox"/>	Cub Scouts	<input type="checkbox"/>
Hospitality Ministry: Greeters   Ushers	<input type="checkbox"/>			Girl Scouts	<input type="checkbox"/>
Lectors	<input type="checkbox"/>			Knights of Columbus	<input type="checkbox"/>
Ministry to the Sick and Homebound	<input type="checkbox"/>				
Newcomers	<input type="checkbox"/>				
Nursery Volunteer	<input type="checkbox"/>				
Playgroup	<input type="checkbox"/>				
R.C.I.A.	<input type="checkbox"/>				
Right to Life	<input type="checkbox"/>				
Special Events Committee	<input type="checkbox"/>				
St. Francis Gardening Group	<input type="checkbox"/>				
UNCC Campus Ministry	<input type="checkbox"/>				
Vocations Awareness	<input type="checkbox"/>				
Young Adult Ministry	<input type="checkbox"/>				
Youth Ministry: Middle School   High School	<input type="checkbox"/>				

**Office Use Only**

Envelope No. : \_\_\_\_\_

Notes : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why have you chosen to become a member of this parish? \_\_\_\_\_

What do you desire from the parish in terms of ministry/service? \_\_\_\_\_

What talents, gifts and interests would you be willing to share to better your life and the Parish Community as a whole? \_\_\_\_\_

Are there any special needs or circumstances of which the Pastor needs to be aware? \_\_\_\_\_

Thank you for registering with our Parish. We look forward to welcoming you into our family.  
God Bless.