

St. Thomas the Apostle Catholic Church

16602 FM 624 Robstown, Texas 78380

Env # _____

Family's Last Name _____ Today's Date _____
(mm/dd/yyyy)

Physical Street Address _____

City _____ State _____ Zip _____ Primary Phone _____

Mailing Address _____

City _____ State _____ Zip _____ Secondary Phone _____

Primary Email _____ Preferred Mailing Language English Spanish

Provide Contribution Envelopes Publish Phone Publish Address Publish Email

HEAD OF HOUSEHOLD

Last Name _____ First _____ Middle _____

Preferred Name _____ Maiden Name _____

Title: Mr. Mrs. Ms. Miss Dr. Suffix: Sr. Jr. II III IV

Employer _____ Occupation _____

E-Mail _____ Cell Phone _____ Work Phone _____

Gender: M F Marital Status: Single Married Divorced Widowed

Date of Birth _____ City/State of Birth _____
(mm/dd/yyyy)

Wedding Anniversary _____ Language _____ Religion _____
(mm/dd/yyyy)

Church/City/State of Baptism _____ Sacraments: None Received

Sacraments Received: Baptism First Confession First Holy Communion Confirmation Sacramental Marriage

SPOUSE / OTHER ADULT

Last Name _____ First _____ Middle _____

Preferred Name _____ Maiden Name _____

Title: Mr. Mrs. Ms. Miss Dr. Suffix: Sr. Jr. II III IV

Employer _____ Occupation _____

E-Mail _____ Cell Phone _____ Work Phone _____

Gender: M F Marital Status: Single Married Divorced Widowed

Date of Birth _____ City/State of Birth _____
(mm/dd/yyyy)

Wedding Anniversary _____ Language _____ Religion _____
(mm/dd/yyyy)

Church/City/State of Baptism _____ Sacraments: None Received

Sacraments Received: Baptism First Confession First Holy Communion Confirmation Sacramental Marriage

Please complete the other side for dependent children.

1. DEPENDENT CHILD

Last Name _____ First _____ Middle _____
Suffix: Sr. Jr. II III IV Preferred Name _____ Gender: M F
Date of Birth _____ City/State of Birth _____ Grade ____ School _____
(mm/dd/yyyy)
Birth Father's Name _____ Birth Mother's Name (include Maiden Name) _____
Relation to Head of Household: Child Stepchild Grandchild Niece Nephew Other _____
Religion _____ Church/City/State of Baptism _____
Sacraments Received: None Received Baptism First Confession Holy Communion Confirmation

2. DEPENDENT CHILD

Last Name _____ First _____ Middle _____
Suffix: Sr. Jr. II III IV Preferred Name _____ Gender: M F
Date of Birth _____ City/State of Birth _____ Grade ____ School _____
(mm/dd/yyyy)
Birth Father's Name _____ Birth Mother's Name (include Maiden Name) _____
Relation to Head of Household: Child Stepchild Grandchild Niece Nephew Other _____
Religion _____ Church/City/State of Baptism _____
Sacraments Received: None Received Baptism First Confession Holy Communion Confirmation

3. DEPENDENT CHILD

Last Name _____ First _____ Middle _____
Suffix: Sr. Jr. II III IV Preferred Name _____ Gender: M F
Date of Birth _____ City/State of Birth _____ Grade ____ School _____
(mm/dd/yyyy)
Birth Father's Name _____ Birth Mother's Name (include Maiden Name) _____
Relation to Head of Household: Child Stepchild Grandchild Niece Nephew Other _____
Religion _____ Church/City/State of Baptism _____
Sacraments Received: None Received Baptism First Confession Holy Communion Confirmation

4. DEPENDENT CHILD

Last Name _____ First _____ Middle _____
Suffix: Sr. Jr. II III IV Preferred Name _____ Gender: M F
Date of Birth _____ City/State of Birth _____ Grade ____ School _____
(mm/dd/yyyy)
Birth Father's Name _____ Birth Mother's Name (include Maiden Name) _____
Relation to Head of Household: Child Stepchild Grandchild Niece Nephew Other _____
Religion _____ Church/City/State of Baptism _____
Sacraments Received: None Received Baptism First Confession Holy Communion Confirmation