

St. Thomas Aquinas Church
324 NE Oak St, Camas, WA 98607
(360) 834-2126

FORM UPDATED: 15 January 2014

ID _____
ENVELOPE _____

CHECK ONE: ST. THOMAS AQUINAS _____ OUR LADY STAR OF THE SEA _____

TODAY'S DATE _____

What parish did you come from? _____

MALE HEAD _____

First Middle Last
ADDRESS _____ CITY _____ ZIP _____ PHONE _____

E-Mail _____ CELL PHONE _____

BIRTHDATE _____ CITY AND STATE OF BIRTH _____

RELIGION _____ OCCUPATION _____ EMPLOYER _____ WORK PHONE _____

BAPTISM/PROFESSION OF FAITH: YES ___ NO ___ 1ST COMMUNION: YES ___ NO ___ CONFIRMATION: YES ___ NO ___

IF CATHOLIC, CHURCH, CITY & DATE OF BAPTISM OR POF _____

MARITAL STATUS: Never Married _____ Married _____ Separated _____ Divorced _____ Divorced & Remarried _____ Widowed _____

FEMALE HEAD _____

First Middle Last
NAME AT BIRTH (Maiden name) _____

First Middle Last
ADDRESS _____ CITY _____ ZIP _____ PHONE _____

E-Mail _____ CELL PHONE _____

BIRTHDATE _____ CITY AND STATE OF BIRTH _____

RELIGION _____ OCCUPATION _____ EMPLOYER _____ WORK PHONE _____

BAPTISM/PROFESSION OF FAITH: YES ___ NO ___ 1ST COMMUNION: YES ___ NO ___ CONFIRMATION: YES ___ NO ___

IF CATHOLIC, CHURCH, CITY & DATE OF BAPTISM OR POF _____

MARITAL STATUS: Never Married _____ Married _____ Separated _____ Divorced _____ Divorced & Remarried _____ Widowed _____

IF YOU ARE/WERE MARRIED, WAS MARRIAGE PERFORMED BY CATHOLIC PRIEST/DEACON? YES _____ NO _____

MARRIAGE DATE _____ CHURCH _____ CITY _____

OTHER NOTES

SUMMA _____
HOME BLESSING _____

CHILDREN LIVING AT HOME (or in college)

NAME _____
First Middle Last

SEX: MALE _____ FEMALE _____ DATE OF BIRTH _____ CITY/STATE OF BIRTH _____

RELIGION: _____ BAPTISM/POF: YES ___ NO ___ 1ST COMM.: YES ___ NO ___ CONFIRMED: YES ___ NO ___

CHURCH, CITY & DATE OF BAPTISM/POF _____

NAME _____
First Middle Last

SEX: MALE _____ FEMALE _____ DATE OF BIRTH _____ CITY/STATE OF BIRTH _____

RELIGION: _____ BAPTISM/POF: YES ___ NO ___ 1ST COMM.: YES ___ NO ___ CONFIRMED: YES ___ NO ___

CHURCH, CITY & DATE OF BAPTISM/POF _____

NAME _____
First Middle Last

SEX: MALE _____ FEMALE _____ DATE OF BIRTH _____ CITY/STATE OF BIRTH _____

RELIGION: _____ BAPTISM/POF: YES ___ NO ___ 1ST COMM.: YES ___ NO ___ CONFIRMED: YES ___ NO ___

CHURCH, CITY & DATE OF BAPTISM/POF _____

NAME _____
First Middle Last

SEX: MALE _____ FEMALE _____ DATE OF BIRTH _____ CITY/STATE OF BIRTH _____

RELIGION: _____ BAPTISM/POF: YES ___ NO ___ 1ST COMM.: YES ___ NO ___ CONFIRMED: YES ___ NO ___

CHURCH, CITY & DATE OF BAPTISM/POF _____

NAME _____
First Middle Last

SEX: MALE _____ FEMALE _____ DATE OF BIRTH _____ CITY/STATE OF BIRTH _____

RELIGION: _____ BAPTISM/POF: YES ___ NO ___ 1ST COMM.: YES ___ NO ___ CONFIRMED: YES ___ NO ___

CHURCH, CITY & DATE OF BAPTISM/POF _____