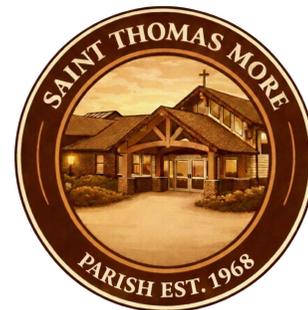# St. Thomas More Church
2101 Pottstown Pike
South Coventry Twp., Chester Co.
Pottstown, PA 19465

Registration Form

Date: _____

Family (Last) Name:_____

Mailing Address:_____

_____ Post Office: _____ Zip Code:_____

Actual Address:_____

Township:_____ County:_____

Phone Number: _____ Email Address: _____

Marital Status: ___ Married ___ Single ___ Widowed ___ Separated ___ Divorced ___ Divorced & Remarried

Place of Marriage: (Church) _____ City & State: _____

Date of Marriage:_____ Marriage Recognized by the Catholic Church: (Yes or No)

If widowed, name of spouse and date of death:_____

People actually living in the home (including college students). Use other side if necessary.

First Name: (Head of Household)_____	Spouse: (First & Maiden)_____
Date of Birth:_____	Date of Birth:_____
Occupation:_____	Occupation:_____
Religion:_____	Religion:_____
Baptism (Yes or No) 1st Communion (Yes or No)	Baptism (Yes or No) 1st Communion (Yes or No)
Confirmation (Yes or No)	Confirmation (Yes or No)
Church activities you participate in: _____	Church activities you participate in: _____
_____	_____
Name:_____	Name:_____
Date of Birth:_____	Date of Birth:_____
Occupation:_____	Occupation:_____
Religion:_____	Religion:_____
Baptism (Yes or No) 1st Communion (Yes or No)	Baptism (Yes or No) 1st Communion (Yes or No)
Confirmation (Yes or No)	Confirmation (Yes or No)
Occupation, School, CCD, Grade: (as applicable) _____	Occupation, School, CCD, Grade: (as applicable) _____
Church activities you participate in: _____	Church activities you participate in: _____
_____	_____

Church activities familiy members may be interested in:

Name:_____ Activity:_____   Name:_____ Activity:_____

Name:_____ Activity:_____   Name:_____ Activity:_____