



Parish Registration Form

St. Thomas More Oratory
Catholic Campus Ministry at the University of Delaware

All information submitted will be kept confidential.

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Title			
First Name			
Middle Name			
Last Name			
Nick Name			
Suffix			
Role (husband, wife, etc.)	<input type="checkbox"/> Husband <input type="checkbox"/> Single Adult <input type="checkbox"/> Wife	<input type="checkbox"/> Husband <input type="checkbox"/> Single Adult <input type="checkbox"/> Wife <input type="checkbox"/> Child	<input type="checkbox"/> Husband <input type="checkbox"/> Single Adult <input type="checkbox"/> Wife <input type="checkbox"/> Child
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate	/ /	/ /	/ /
Religion	<input type="checkbox"/> Catholic <input type="checkbox"/> Other _____	<input type="checkbox"/> Catholic <input type="checkbox"/> Other _____	<input type="checkbox"/> Catholic <input type="checkbox"/> Other _____
Current Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Marriage Recognized by Church	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mass Attendance	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Montly <input type="checkbox"/> Yearly <input type="checkbox"/> Rarely/Never	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Montly <input type="checkbox"/> Yearly <input type="checkbox"/> Rarely/Never	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Montly <input type="checkbox"/> Yearly <input type="checkbox"/> Rarely/Never
Mass(es) Regularly Attended			
Sacraments Received	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation
U of D Affiliation	<input type="checkbox"/> Alumni Year: _____ <input type="checkbox"/> Staff/Faculty <input type="checkbox"/> Emeritus/Retired Staff <input type="checkbox"/> Nearby Community	<input type="checkbox"/> Alumni Year: _____ <input type="checkbox"/> Staff/Faculty <input type="checkbox"/> Emeritus/Retired Staff <input type="checkbox"/> Nearby Community	<input type="checkbox"/> Alumni Year: _____ <input type="checkbox"/> Staff/Faculty <input type="checkbox"/> Emeritus/Retired Staff <input type="checkbox"/> Nearby Community
Occupation/School			
Home Phone	() -	() -	() -
Cell Phone	() -	() -	() -
E-mail Address			

Please enter additional dependent information below

First Name			
Middle Name			
Last Name			
Nick Name			
Suffix			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate	/ /	/ /	/ /
Religion	<input type="checkbox"/> Catholic <input type="checkbox"/> Other	<input type="checkbox"/> Catholic <input type="checkbox"/> Other	<input type="checkbox"/> Catholic <input type="checkbox"/> Other
Sacraments Received	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation
Occupation/School			

Parish Ministries Interest Survey

Please indicate with initials what ministries you each currently participate in or would like to learn more information about.

	<i>Currently Participate</i>	<i>Would like to participate</i>		<i>Currently Participate</i>	<i>Would like to participate</i>	
<input type="checkbox"/>	<input type="checkbox"/>		Extraordinary Minister of Holy Communion	<input type="checkbox"/>	<input type="checkbox"/>	Religious Education for Children
<input type="checkbox"/>	<input type="checkbox"/>		Server	<input type="checkbox"/>	<input type="checkbox"/>	Adult Faith Formation
<input type="checkbox"/>	<input type="checkbox"/>		Lector	<input type="checkbox"/>	<input type="checkbox"/>	Bible Study
<input type="checkbox"/>	<input type="checkbox"/>		Music Ministry	<input type="checkbox"/>	<input type="checkbox"/>	Service Opportunities
<input type="checkbox"/>	<input type="checkbox"/>		Usher/Greeter	<input type="checkbox"/>	<input type="checkbox"/>	Social Committee
<input type="checkbox"/>	<input type="checkbox"/>		Sacristan	<input type="checkbox"/>	<input type="checkbox"/>	Buildings and Grounds

Offertory Preferences

I would like to receive Collection Envelopes

I would like to receive more information about Online Giving

Communication Preferences

Yes, I/we would like to receive texts and emails about Oratory news and events

Please only send emails about Oratory news and events

Please do not contact me about Oratory news and events

Office Use Only

Date Received :

Date Entered: