

For Office Use: Envelope # _____
Code: _____

Date Registered _____

Parish Registration Form (updated 08/29/25)

St. Thomas Aquinas Catholic Church, 8320 Old County Road 54, New Port Richey, Florida 34653 | 727-372-8600 | www.stanpr.org | office@stanpr.org

Thank you for printing clearly! Please provide copies of sacramental records of each member if available and return this form to the Pastor.

Family Name: _____ **Home Phone:** _____

Street Address: _____ **Cell Phone:** _____

City, State, Zip: _____ **Family Email Address:** _____

(Check one) **Family Marital Status** Single Separated Married Place Name & Location _____ Date _____
 Widowed Divorced Sacramental Marriage Church Name & Location _____

Members Living In Residence	HEAD	SPOUSE	Children (eldest to youngest) or Other Adults in Home <small>(if necessary, please use an additional Registration Form)</small>		
FIRST NAME					
LAST NAME <small>(if different from Family name)</small> (Wife's Maiden Name)					
Male / Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth <small>(MM / DD / YEAR)</small>					
Place of Birth <small>(City, State)</small>					
Marital Status					
RELIGION					
Relationship <small>(Child, Parent, etc.)</small>					
Profession / Job					
Company / School					
BAPTISM <small>DATE</small> <input type="checkbox"/> Yes <small>PARISH</small> <input type="checkbox"/> No <small>CITY, STATE</small>					
EUCCHARIST <small>DATE</small> <input type="checkbox"/> Yes <small>PARISH</small> <input type="checkbox"/> No <small>CITY, STATE</small>					
CONFIRMATION <small>DATE</small> <input type="checkbox"/> Yes <small>PARISH</small> <input type="checkbox"/> No <small>CITY, STATE</small>					

We encourage financial support of the parish. Would you like to receive a monthly offertory envelope packet? Yes No
Are you a year-round resident? Yes No If not, how many months of the year are you here with us? _____
May we welcome you by name in a future bulletin? Yes No

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

St. Thomas Aquinas has many ministries to both serve you and provide you with the opportunity to serve the Body of Christ. Please check the ministries that may interest you, and someone from the parish will contact you.

Liturgical

- _____ Altar Angels
- _____ Altar Server (Adult)
- _____ Altar Server (Child)
- _____ Eucharistic Minister (Mass)
- _____ Eucharistic Minister to the Homebound
- _____ Funeral Ministry/Lazarus
- _____ Music Ministry
- _____ Choir
- _____ Cantor
- _____ Instrumentalist
- _____ Usher (Minister of Hospitality)
- _____ Projection Operator
- _____ Reader (Liturgies)
- _____ Sacristan (Volunteer)

Formation

- _____ Baptism Volunteer
- _____ OCIA Volunteer
- _____ Faith Formation Catechist or Aide for K-5

Formation (continued)

- _____ Faith Formation Volunteer (Middle School)
- _____ Faith Formation Volunteer (High School)
- _____ OCIA / Baptism
- _____ Legion of Mary
- _____ Bible Study

Social and Outreach

- _____ Boy Scouts Venture Crew #7
- _____ Catholic Daughters of the Americas
- _____ Christian Men's Fellowship
- _____ Girl Scout Troop #1063
- _____ Knights of Columbus Council #11497
- _____ Prayer Line
- _____ Prayer Shawl Ministry
- _____ Respect Life
- _____ St. Vincent de Paul Financial Assistance
- _____ St. Vincent de Paul Food Pantry
- _____ Sisters in Christ
- _____ Spiritual Motherhood for Priests
- _____ Vocations Ministry