



# Parishioner Registration Form

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

All information submitted will be kept confidential.

Family Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone 1: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone 2: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address 1: \_\_\_\_\_

E-mail Address 2: \_\_\_\_\_

Name: Person 1:

Sex:  M  F

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship:

Husband  Wife

Child (under 18)

Single Adult

Other:

Catholic?  Yes  No

Current Marital Status:

Married  Single

Divorced  Widowed

Separated  Other:

Is marriage recognized by the Catholic church?

Yes  No  Unsure

Sacraments received:

Baptism  Yes  No

First

Communion  Yes  No

Confirmation  Yes  No

Mass Attendance:

Daily  Weekly

Monthly  Yearly

Never/Rarely

Mass regularly attended:

5:00pm  9:30 am

11:30 am  6:30 pm

Daily Mass

U of D Affiliation

Undergraduate Student

Alumni  Grad Student

Graduation Year: \_\_\_\_\_

UD Faculty/Staff

UD Emeritus/Retired Staff

Friend of UD/Other:

Occupation:

Name: Person 2:

Sex:  M  F

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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