



St. Thomas More Catholic Community

130 N. Pecos Rd. Henderson, NV 89074

Phone: 361-3022 Fax: 361-7784 www.stmlv.org

Family Name: _____ Date: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Male

First Name: _____

Date of Birth: _____

Single Married Widowed Divorced

Religion: _____

Baptized Confirmed Married by Priest/Deacon

White Black Hispanic Native American

Asian Pacific Islander Other: _____

Occupation: _____

Place of Business: _____

Business Phone Number: _____

Languages: _____

Female

First Name: _____

Date of Birth: _____

Single Married Widowed Divorced

Religion: _____

Baptized Confirmed Married by Priest/Deacon

White Black Hispanic Native American

Asian Pacific Islander Other: _____

Occupation: _____

Place of Business: _____

Business Phone Number: _____

Languages: _____

Children (under 21 years old)

Name	Sex	DOB	School	Grade	Baptized		1st Communion		Confirmation	
					Yes	No	Yes	No	Yes	No

Would you like to make your contribution online by electronic fund transfer? Yes No

Would you like to receive weekly contribution envelopes? Yes No

For Office Use Only:

Reg.#: _____	Computer: _____	LTR: _____	Bulletin: _____
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