

**PARISHIONER REGISTRATION**  
**St Anthony of Padua Catholic Church**

MAILING NAME(S) (Circle one) Mr / Ms / Mr & Mrs / Dr / Other \_\_\_\_\_  
 First Name(s) \_\_\_\_\_ Middle Init. \_\_\_\_\_ Last Name(s) \_\_\_\_\_  
 HOME ADDRESS/ APT # \_\_\_\_\_ CITY \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 MAILING ADDRESS (If Different) \_\_\_\_\_ CITY \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ HOME  
 HOME PH # \_\_\_\_\_ UNLISTED Y / N \_\_\_\_\_  
 MARITAL STATUS (Circle one) Married in Catholic Church / Civil Marriage / Single / Widowed / Divorced / Divorced & Remarried / Separated  
 MARRIAGE DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ LOCATION \_\_\_\_\_  
 \_\_\_\_\_ *Wife's Maiden Name* \_\_\_\_\_ *Name of Church* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**FAMILY MEMBERS LIVING IN YOUR HOME**

| NAME<br>First/Int//Last              | RELATIONSHIP | M/F | DOB | RELIGION | BAPTIZED<br>(Date or Y/N) | FIRST COMM<br>(Date or Y/N) | CONFIRM<br>(Date or Y/N) | RACE / ETHNIC ORG<br>(Optional) | OCCUPATION         | WORK PHONE |
|--------------------------------------|--------------|-----|-----|----------|---------------------------|-----------------------------|--------------------------|---------------------------------|--------------------|------------|
| 1. _____<br>Head of Household        |              |     |     |          |                           |                             |                          |                                 |                    |            |
| 2. _____<br>Spouse                   |              |     |     |          |                           |                             |                          |                                 |                    |            |
| 3. _____<br>Children Living in Home: |              |     |     |          |                           |                             |                          |                                 | School They Attend |            |
| 4. _____                             |              |     |     |          |                           |                             |                          |                                 |                    |            |
| 5. _____                             |              |     |     |          |                           |                             |                          |                                 |                    |            |
| 6. _____                             |              |     |     |          |                           |                             |                          |                                 |                    |            |
| 7. _____                             |              |     |     |          |                           |                             |                          |                                 |                    |            |

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

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 PARISH # \_\_\_\_\_ GARETHD \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BY \_\_\_\_\_ CONTACT VISIT? Yes / No \_\_\_\_\_ Registered on (12/19/97)

WOULD YOU LIKE TO RECEIVE PRINTED CONTRIBUTION ENVELOPES? (Circle one) YES / NO  
 TO MAINTAIN YOUR ACTIVE STATUS & RECEIVE CREDIT, PLEASE DONATE BY CHECK UNTIL YOU RECEIVE ENVELOPES -MAILED QUARTERLY