ST. ANTHONY PARISH REGISTRATION FORM

Date		Would you like to receive		-1		eyes	Yes or No
		would you			iviiscellally_		Yes or No
Head of Household		Marital Status	Spouse	Marrie	ed by a Pries		Maritial Status
Last Name	First, Middle/Maiden	Single	Last Name		First, Middle	e/Maiden	Single
		Married					Married
		Widow/Widower					Widow/Widower
DOB	Religion Catholic - No	n Catholic	DOB		Religion Ca	atholic - Non Cat	holic
Ethnicity/Race			Ethnicity/Race				
<u>Circle Sacraments Received</u>			<u>Circle Sacraments Received</u>				
Baptism	1st Communion	Confirmation	Baptism	1st Com	munion	Confirmation	
Occupation	Place of Employment		Occupation		Place of Emp	alaymant	
Occupation	Place of Employment		Occupation		Place of Emp	pioyment	
			I				
Family Inforr	mation If there is any info you	do not want in parish	directory pl	ease indic	ate		
Street Addre	ss City / Zip	Home Phone	Business Ph	usiness Phone Cell Ph)	
Family Email							y other family living with
Please list children living at home			5 . (5)		C		ey are homebound or
Name		Date of Birth	1st Comm	nunion	Confirmatio	have special	needs