

**700 3<sup>rd</sup> Ave (Church) PO Box 32 (Mailing)**

**CONFIDENTIAL**

Date registered:

**Family Name:** \_\_\_\_\_ **PO Box/Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Main Contact Phone Number:** (        ) \_\_\_\_\_ - \_\_\_\_\_ **Landline?** \_\_\_\_ **Yes** \_\_\_\_ **No**      **Cell Phone:** (        ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_ @ \_\_\_\_\_ **Do you have someone with a disability in your home?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Which Mass(es) do you attend?** (Circle all that apply) **Sat Vigil 5:30pm – Sunday 8:45am – Tue Daily 5:30pm – Wed Daily 9am – Thurs Daily 9am – Fri Daily 9am – Sat Daily 9am**

**Why did you choose to join St Anthony Catholic Church?**

**\*\*Marital status (circle one):** Married - Single - Divorced - Separated - Widowed - Remarried

**Are you interested in RCIA for yourself? \_\_\_\_\_ Spouse? \_\_\_\_\_ Children? \_\_\_\_\_**

If you have any questions regarding marriage validity or any of the other sacraments, please feel free to contact parish office or Father.

First & Last Name (Please Include maiden name)	Please Circle	Religion	Occupation	Business Phone	Date of Birth	Baptism Date/Place	First Communion Date/Place	Confirmation Date/Place	Ethnicity
*	M F								
**	M F								
Children Living at Home (First & last name if different than family name listed above)		Religion	Name of School	Grade and/or Age	Date of Birth	Baptism Date/Place	First Communion Date/Place	Confirmation Date/Place	Ethnicity
	M F								
	M F								
	M F								
	M F								
(Others living in your home)	M F								
	M F								