## St Anthony Church – Laurel MT 59044 700 3<sup>rd</sup> Ave (Church) PO Box 32 (Mailing)

## **Parish Registration**

Date registered:	

## **CONFIDENTIAL**

All information obtained from this form is considered confidential and will not be shared or given to anyone outside of St Anthony Church Business Office or Religious Education Ministry Office other than sacramental information that the Diocese requires. Our business office phone number is (406) 628-7182.

Family Name:	PO Box/Street Address:				City:				ZIP:		
Main Contact Phone Number: ()_			Landline?	Yes	No	Cell Phone: (_	)				
Email Address:				Do	you have s	omeone with	a disability in yo	our home?\	/es No		
Which Mass(es) do you attend? (Circle all th	at apply) Sa	at Vigil 5:30p	om – Sunday 8:	45am – Tue D	aily 5:30pm	– Wed Daily 9a	m – Thurs Daily 9a	ım – Fri Daily 9am	– Sat Daily 9an		
Why did you choose to join St Anthony C	atholic C	Church?									
*Marital status (circle one): Married -	_		•			d	g Date/Place	If you have any que marriage validity or sacraments, please	any of the other feel free to		
**Marital status (circle one): Married -	Single -	Divorced -	- Separated -	- Widowed -	- Remarrie	d		contact parish office	e or Father.		
Are you interested in RCIA for yourself?		Spouse?	Child	ren?	_						
First & Last Name	Please	<u>Religion</u>	Occupation	Business	Date of	<u>Baptism</u>	<u>First</u>	Confirmation	Ethnicity		
(Please Include maiden name)	<u>Circle</u>			<u>Phone</u>	<u>Birth</u>	Date/Place	Communion Date/Place	Date/Place			
*	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	<u>Baptism</u> Date/Place	<u>First</u> <u>Communion</u> Date/Place	Confirmation Date/Place	<u>Ethnicity</u>		
	M F										
	M F										
	M F										
	M F										
(Others living in your home)	M F										
	M F										