Saint Anthony Catholic Church – Laurel MT 59044
700 3rd Ave (Church Physical) PO Box 32 (Mailing)

Parish Registration

CONFIDENTIAL

Today's Date: _____

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. Father Bart at (406) 697-1912.

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 – Sunday 11 am – Daily Mass _____**

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

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

Are you interested in OCIA for yourself? _____ Spouse? _____ Children? _____

Wedding Date/Place

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

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