## St. Anthony's Church 7820 Fox Road Hughson, Ca 95326

## PARISH REGISTRATION FORM

(Please print and complete all information legibly)

Date of Registration:	Parish Registration(office use only,#:
Family Information	
Last Name:	Email:
Address:	Apt:
City: State: _	Zip Code:
Home: ()Alt: ()	Contact:
Lang	Email: Apt: Zip Code: Contact: uages Spoken:
1st Member – Head of Household	
First Name: Maiden	Name:
First Name: Maiden Date of Birth: Single () Marri	ed ☐ Widowed ☐ Divorced ☐ Separated
Sacraments Received: Daptism Communion Confirmation Occupation:	
2 <sup>nd</sup> Member – Spouse	Name:
Date of Right: (1Single (1 M	arried () Widowed () Divorced () Separated
First Name: Maiden Name: Date of Birth:	
Sacraments Received: (3 Baptism (3 Communion (3 Communion Occupation)	
3 <sup>rd</sup> Member (Child)	
First Name: Maiden	Name:
First Name: Maiden Name: Date of Birth: Single () Married () Widowed () Divorced () Separated	
Sacraments Received: [] Baptism [] Communion [] Confirmation Occupation:	
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4 <sup>th</sup> Member (Child)	
First Name: Maiden Date of Birth: ()Single () M	Name:
Sacraments Received: [] Baptism [] Communion [] Confirmation Occupation:	
5 <sup>th</sup> Member (Child)	Namo
First Name: Maiden  Date of Birth: ()Single () M	Name.
Secrements Reserved: ( ) Partiam ( ) Communication	amed to widowed to Divorced to Separated
Sacraments Received: [] Baptism [] Communion	Confirmation Occupation:
6 <sup>th</sup> Member (Child)	
First Name: Maiden	Name:
Date of Birth: Single ( ) M	arried () Widowed () Divorced () Separated
Sacraments Received: [] Baptism [] Communion [] Confirmation Occupation:	
In case of an emergency, contact:	
Name: Relationshi	
Address:	City: Cell: ( )
Home: ()Work: () _	Ceii: ()