St. Anthony Catholic Church
Member Registration Form

Date: _____ Family Name (Please print) : _____

Address: _____ City: _____

ZIP: _____ Home Phone: _____ Cell: _____

E-mail: _____

Would you prefer to be contacted by : ☐ Phone ☐E-mail ☐Text Message

Your Name: _____ Occupation: _____
Birth Date: _____ Sex: M F Work Phone:_____

Martital Status: ☐Single ☐Married ☐Widowed ☐Seperated ☐Divorced

Sacraments Received: ☐Baptism ☐First Communion ☐Confirmation ☐Catholic Matrimony

Spouse's Name: _____ Occupation: _____

Birth Date: _____ Sex: M F Work Phone: _____

Sacraments Received: ☐Baptism ☐First Communion ☐Confirmation ☐Catholic Matrimony

Names of others living with you	**Relationship**	**Date of Birth**	**Baptized**	**First Communion**	**Confirmed**