**St Anthony Church – Laurel MT 59044**
**700 3rd Ave (Church) 317 W 7th St (Mailing)**

# Parish Registration

**CONFIDENTIAL**

**Registration Date: _____**

All information obtained from this form is considered confidential and will not be shared or given to anyone outside of Saint 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: (___) ___-_____ Spouse Phone: (___) ___-_____ Emergency Contact: _____ 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 5:30 pm Sunday 8:45 am Sunday 11:00 am Daily Mass 9:00 am**

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

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

**Are you interested in RCIA for yourself? _____ Spouse? _____ Children? _____**

Wedding Date & Celebrant

Church Name, City, State

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** | **Work Phone** | **Birth Date City, State** | **Baptism Date Church Name, City, State** | **First Communion Date Church Name, City, State** | **Confirmation Date Church Name, City, State** | **Ethnicity** |
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| **Children Living at Home** First, Middle & Last Name (if different than family name listed above) | | **Religion** | **Name of School** | **Age/Grade** | **Birth Date City, State** | **Baptism Date Church Name, City, State** | **First Communion Date Church Name, City, State** | **Confirmation Date Church Name, City, State** | **Ethnicity** |
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| **(Others living in your home)** | M F | | | | | | | | |
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