



# Church of Saint Anthony

10 Squire Avenue

Yonkers, New York 10703

Rectory: 914-965-2733 Fax: 914-963-2285

Office Use Only

Env: \_\_\_\_\_

Date: \_\_\_\_\_

## REGISTRATION FORM – WELCOME!

### HOUSEHOLD INFO

Household Mailing Name: \_\_\_\_\_ (ex: John and Mary Smith)

Address: \_\_\_\_\_

Household Telephone Number \_\_\_\_\_

### HEAD OF HOUSEHOLD

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Gender: M / F    Marital Status: S / M - **Circle one:** Church / Civil    Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

Occupation: \_\_\_\_\_ Catholic: Y / N

Please check the Sacraments you have received: \_\_\_\_ Baptism    \_\_\_\_ First Communion    \_\_\_\_ Confirmation

### SPOUSE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Gender: M / F    Marital Status: S / M - **Circle one:** Church / Civil    Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

Occupation: \_\_\_\_\_ Catholic: Y / N

Please check the Sacraments you have received: \_\_\_\_ Baptism    \_\_\_\_ First Communion    \_\_\_\_ Confirmation

NAME OF CHILD

SEX

BIRTH DATE

BAPTIZED

FIRST COMMUNION

CONFIRMATION

NAME OF CHILD	SEX	BIRTH DATE	BAPTIZED	FIRST COMMUNION	CONFIRMATION