



# Saint Anastasia Parish

3301 West Chester Pike Newtown Square, PA 19073

Phone: 610-356-1613 Fax: 610-356-8332

Rev. Michael A. Colagreco, Pastor

Over a Century of Catholic Tradition in Our Community

## Saint Anastasia Parish Registration Form

All information is important to us. If something does not apply put N/A

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration taken by: \_\_\_\_\_

Family (Last) Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

(if more than one)

\_\_\_\_ I would like to meet with a parish staff member.

### Adult 1

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnic Group \_\_\_\_\_

Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_ Regular Mass Attendance: \_\_\_\_ Yes \_\_\_\_ No

Sacraments: \_\_\_\_ Baptism \_\_\_\_ Communion \_\_\_\_ Confirmation \_\_\_\_ Marriage

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ Person Officiating \_\_\_\_\_

Church/Civil Location \_\_\_\_\_ City, State: \_\_\_\_\_

\_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Divorced

### Adult 2

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnic Group \_\_\_\_\_

Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_ Regular Mass Attendance: \_\_\_\_ Yes \_\_\_\_ No

Sacraments: \_\_\_\_ Baptism \_\_\_\_ Communion \_\_\_\_ Confirmation \_\_\_\_ Marriage

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ Person Officiating \_\_\_\_\_

Church/Civil Location \_\_\_\_\_ City, State: \_\_\_\_\_

\_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Divorced

Please fill in the following information for each of your children and any other relatives (parents, siblings, etc.) living in your home.

1. Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_  
Sacraments: \_\_\_\_\_ Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Occupation \_\_\_\_\_

2. Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_  
Sacraments: \_\_\_\_\_ Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Occupation \_\_\_\_\_

3. Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_  
Sacraments: \_\_\_\_\_ Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Occupation \_\_\_\_\_

4. Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_  
Sacraments: \_\_\_\_\_ Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Occupation \_\_\_\_\_

5. Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_  
Sacraments: \_\_\_\_\_ Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Occupation \_\_\_\_\_

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Marriage Information

Would you like your marriage validated? \_\_\_\_\_

Have you received a divorce decree? \_\_\_\_\_ Yes \_\_\_\_\_ No Date issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you received a Church annulment? \_\_\_\_\_ Yes \_\_\_\_\_ No Initiated: \_\_\_\_\_ Yes \_\_\_\_\_ No

Status: \_\_\_\_\_ Pending \_\_\_\_\_ Denied Date granted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_