

St. Anthony Parish Registration Form

Date _____

Head of Household			Marital Status	Spouse	Married by a Priest? Y or N	Marital Status	
Last Name	First	Middle/Maiden	Single Married Widow/Widower	Last Name	First	Middle/Maiden	Single Married Widow/Widower

DOB _____	Religion: Catholic Non-Catholic	DOB _____	Religion: Catholic Non-Catholic
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Ethnicity/Race _____	Ethnicity/Race _____
Circle Sacraments Received	Circle Sacraments Received
Baptism 1st Communion Confirmation	Baptism 1st Communion Confirmation

Occupation	Place of Employment	Occupation	Place of Employment
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Street Address	City/Zip	Home Phone	Business Phone	Cell Phone(s)
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Mailing Address (if different)	City/Zip
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If seasonal, what is you alternate mailing address?

When we update our Parish Directory, may we include your: Name Y__N__ Address Y__N__ Phone number(s) Y__N__

Family Email: _____
Please list children living at home

Name	Date of Birth	Date of 1st Communion	Date of Confirmation

Any sick , homebound, or disabled people living with you? Name: _____
Comments:

Return your completed Registration to an Usher before Mass (Sat @ 5pm, Sun @ 8am or 10am) or mail to: St Anthony Catholic Church, P.O. Box 770, Waldport OR 97394