ST. ANTHONY OF PADUA PARISH – INDIVIDUAL MEMBER REGISTRATION FORM

Last Name:_____ **First Name:**_____ **Middle:**_____ **Nickname:** _____

Maiden Name:_____ **Full Mailing Address:**_____

Street Address (if different):_____ **Phone #:**_____

E-MAIL_____ **Please circle your Preferred Title: Mr. Mrs. Ms. Miss Dr.**

Date of Birth (m/d/y)**:**_____ **Gender** (M/F)**:**_____ **Place of Birth:**_____

Please indicate the SACRAMENTS you have received, name of PARISH (including city) where Sacrament was received, and YEAR:

Baptism:	yes/no	Parish:	Year:
First Communion:	yes/no	Parish:	Year:
Confirmation:	yes/no	Parish:	Year:
Marriage:	yes/no	Parish:	Year:

Please circle your present STATUS as indicated by any of the following words:

1. I participate at Mass: Weekly Monthly Seldom Not at all

2. I am: a Minor a Single Adult Married Divorced Separated Widowed a Religious Sister or Brother
- If you are married, was the marriage a Church (sacramental) Marriage, or other?

3. I am: Employed Full Time Employed Part Time a Student Full Time a Student Part Time Retired Not Employed Disabled
- If employed, please indicate occupation, and where employed:

- If a student, please indicate name of school, and present grade level:

- Do you wish to be sent--or do you already use--Parish Budget Envelopes for your Church Offerings? wish to be sent/do not send already use

Please circle any SPECIAL NEEDS that apply to you which you would like your Parish Staff to be aware of:

I am: Physically Handicapped Mentally Handicapped Deaf Blind Homebound in a Nursing Home
Other:

Please print names of OTHER PERSONS with whom you reside, and indicate your RELATIONSHIP to each person:

1. 3.

2. 4.

(If there are more than four, please check here_____ and please list others on the back of this form.)

All data given on this form is for the information and use of St. Anthony of Padua Parish, Roman Catholic Diocese of Worcester. It will not be shared or used for any other purpose.