

ST. ANTHONY OF PADUA PARISH – INDIVIDUAL MEMBER REGISTRATION FORM

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

Maiden Name: _____ Full Mailing Address: _____

Street Address (if different): _____ Home Phone #: _____
Cell 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.)