

Registration Date: _____

St. Anthony Catholic Church

Parish Registration Form

Please complete and return to the Church Office or through the offertory

Family Information

Family Name: _____ # of Family Members Registering: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: (Home) _____ (Cell) _____

Do you wish to receive: Offertory envelopes? _____ (yes/no) Tennessee Register? _____ (yes/no)

Personal Member Information

Member #1

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

Birth date: (mm/dd/yyyy): _____ Gender: ___ Marital Status (Married/Single) _____ Anniversary Date: _____

Relationship: (Head/Spouse/Son/Daughter/Other) _____

Religious Affiliation _____ If a student, Grade/School? _____

Church Name/Location of: Baptism: _____ First Communion: _____ Confirmation: _____

Member #2

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

Birth date: (mm/dd/yyyy): _____ Gender: ___ Marital Status (Married/Single) _____ Anniversary Date: _____

Relationship: (Head/Spouse/Son/Daughter/Other) _____

Religious Affiliation _____ If a student, Grade/School? _____

Church Name/Location of: Baptism: _____ First Communion: _____ Confirmation: _____

Member #3

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

Birth date: (mm/dd/yyyy): _____ Gender: ___ Marital Status (Married/Single) _____ Anniversary Date: _____

Relationship: (Head/Spouse/Son/Daughter/Other) _____

Religious Affiliation _____ If a student, Grade/School? _____

Church Name/Location of: Baptism: _____ First Communion: _____ Confirmation: _____

Member #4

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

Birth date: (mm/dd/yyyy): _____ Gender: ___ Marital Status (Married/Single) _____ Anniversary Date: _____

Relationship: (Head/Spouse/Son/Daughter/Other) _____

Religious Affiliation _____ If a student, Grade/School? _____

Church Name/Location of: Baptism: _____ First Communion: _____ Confirmation: _____

Please use a separate sheet for additional family members