

**ST. ANTHONY OF PADUA CHURCH
NEW PARISHIONER GREETING MINISTRY**

Date: _____

FAMILY NAME: _____

FIRST NAME(S): _____

ADDRESS: _____

AGE: _____ PHONE NUMBER: () _____ Listed / Unlisted

PLEASE CHECK:

_____ Single _____ Married _____ Widowed _____ Divorced _____ Living With Family

_____ Children.....How Many _____ Age-group _____

_____ Would like information regarding Religious Instruction _____

NAME OF FORMER PARISH: _____

_____ Just moved to area Moved From: _____

_____ Lived here for a while.....Number of years _____

_____ Was previously registered now updating

_____ Other _____

Special concerns/needs:

OFFICE USE ONLY: REG. DATE: _____ DIOCESE #: _____ ENV. #: _____
 PLEASE PRINT: FAMILY NAME : LAST _____ FIRST _____ SPOUSE: _____
 TITLE: (Circle One) Mr./Mrs. Mr. Mrs. Ms. Miss Dr./Mrs. P.O., Box _____ STREET ADDRESS: _____
 APT.# _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE:() _____ L U

MEMBER INFORMATION (PLEASE LIST EVERYONE LIVING AT THE ABOVE ADDRESS (CHILDREN UNDER 21)

	HEAD OF HOUSEHOLD	SPOUSE	CHILD	CHILD	CHILD	CHILD	OTHER
First Name							
Middle Name							
Last Name if different, Maiden name of spouse							
Sex (Male or Female)							
Date Of Birth	/ / mth. day yr	/ / mth day yr	/ / mth day yr	/ / mth day yr	/ / mth day yr	/ / mth day yr	/ / mth day yr
Marital Status(select one) married-single-divorced- separated-widow widower							
Married by Priest/Deacon Judge, minister, etc.							
Religion							
Occupation							
Bus Phone (Ext)							
Attends CCD							
Heritage							
Languages spoken other than English							
Special Needs, Homebound, Ment/ Physically Challenged.							

PLEASE COMPLETE REVERSE SIDE

