



St. Anthony Catholic Church

Growing in and Living our Faith

314 South 4th Street, Renton, Washington 98057

425-255-3132 | www.st-anthony.cc

PARISH REGISTRATION FORM

WELCOME to St. Anthony Parish! Please complete the following information in order to register with St. Anthony's. This information allows us to know more about those in our parish community, thereby allowing us to be of greater service to you. The information you provide is confidential and will be used only by the parish. Simply fill out the form and return it to us. Thank you for your time and for your interest in joining our parish family!!

FAMILY / LAST NAME			
ADDRESS		APT	
CITY		ZIP	
PRIMARY TELEPHONE		EMAIL	

May we publish this information in our Parish Directory? YES NO

Please complete the following:

- Is there anyone in your family who is unable to attend Mass due to a physical infirmity? YES NO
- If you were married outside of the Catholic Church, would you like to talk to someone about getting your marriage blessed? YES NO
- Would you like to have someone from the parish to contact you about how you or a family member can receive the Sacraments of Baptism, First Communion or Confirmation? *(Also mark the need on the back)* YES NO
- What parish are you coming from? _____
- How would you prefer to receive parish correspondence? Email Paper Mail

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FOR OFFICE USE:	
Family ID/Env. #	Date entered:

FAMILY MEMBER INFORMATION

MARITAL STATUS <i>Relationship to Head of House</i>	HEAD OF HOUSEHOLD <i>(If single, this is you)</i>	<input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER _____	<input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER _____	<input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER _____
LAST NAME					
FIRST & MIDDLE NAME					
NICKNAME					
GENDER					
DATE OF BIRTH					
LANGUAGE					
ETHNIC BACKGROUND					
RELIGION					
PHYSICAL/MENTAL NEEDS					
CELL PHONE					
EMAIL					
OCCUPATION					
HIGHEST GRADE COMPLETED					

SACRAMENTAL RECORD INFORMATION

(Please circle all that apply)

BAPTISM	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED
RECONCILIATION PREP	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED
FIRST COMMUNION	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED
CONFIRMATION	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED	YES - DATE _____ NEEDED
MARRIAGE	YES - DATE _____ NO <input type="checkbox"/> CIVIL MARRIAGE?		YES - DATE _____ NO	YES - DATE _____ NO	YES - DATE _____ NO

If you have additional members, you may use two forms or continue on another sheet and attach together. Thank you!