

# St. Anthony Parish

314 South 4<sup>th</sup> Street, Renton, Washington 98057

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

## PARISH REGISTRATION FORM

Please use this form to introduce yourself to the parish. If you have additional household members, you can add them on the back. When finished, return this form to the parish. Thank you for your interest in joining our parish family!

### PRIMARY MEMBER

FIRST / MIDDLE NAME		LAST NAME	
MAILING ADDRESS			APT
CITY		ZIP	
EMAIL		CELL PHONE	
DATE OF BIRTH		MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____
RELIGION	<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian _____ <input type="checkbox"/> None <input type="checkbox"/> Other Religion _____	GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
ETHNICITY	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Filipino <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	LANGUAGE	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____
<b>SACRAMENTS RECEIVED:</b> <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage			

### Please complete the following:

- Would you like someone from the parish to contact you about how you or your family members can receive any sacraments? *(Please check all that apply)*  
 Baptism    First Communion    Confirmation    Becoming Catholic    Marriage Blessing    Annulment
- What parish are you coming from? \_\_\_\_\_
- How would you prefer to receive parish correspondence?    Email    Paper Mail
- How would you like to support your new parish?    Online Giving    Send me Monthly Giving Envelopes  
 Send me Weekly Giving Envelopes    Another way of giving

**IF YOU HAVE ADDITIONAL FAMILY MEMBERS TO REGISTER,** please complete the section on the back. ➡

<b>FOR OFFICE USE:</b> Family ID/Env. #	Date registered:	Date entered:
<input type="checkbox"/> PS <input type="checkbox"/> Excel <input type="checkbox"/> Welcome <input type="checkbox"/> Cath <input type="checkbox"/> Follow-up		

**SPOUSE**

<b>FIRST / MIDDLE NAME</b>		<b>LAST NAME</b>	
<b>EMAIL</b>		<b>CELL PHONE</b>	
<b>DATE OF BIRTH</b>		<b>MARITAL STATUS</b>	<input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Other_____
<b>RELIGION</b>	<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian _____ <input type="checkbox"/> None <input type="checkbox"/> Other Religion _____	<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>ETHNICITY</b>	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Filipino <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other_____	<b>LANGUAGE</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other_____
<b>SACRAMENTS RECEIVED:</b> <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage			

**CHILD #1**

<b>FIRST / MIDDLE NAME</b>		<b>LAST NAME</b>	
<b>EMAIL</b>		<b>CELL PHONE</b>	
<b>DATE OF BIRTH</b>		<b>SCHOOL GRADE</b>	
<b>RELIGION</b>	<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian _____ <input type="checkbox"/> None <input type="checkbox"/> Other Religion _____	<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>ETHNICITY</b>	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Filipino <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other_____	<b>LANGUAGE</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other_____
<b>SACRAMENTS RECEIVED:</b> <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage			

**CHILD #2**

<b>FIRST / MIDDLE NAME</b>		<b>LAST NAME</b>	
<b>EMAIL</b>		<b>CELL PHONE</b>	
<b>DATE OF BIRTH</b>		<b>SCHOOL GRADE</b>	
<b>RELIGION</b>	<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian _____ <input type="checkbox"/> None <input type="checkbox"/> Other Religion _____	<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>ETHNICITY</b>	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Filipino <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other_____	<b>LANGUAGE</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other_____
<b>SACRAMENTS RECEIVED:</b> <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage			

**CHILD #3**

<b>FIRST / MIDDLE NAME</b>		<b>LAST NAME</b>	
<b>EMAIL</b>		<b>CELL PHONE</b>	
<b>DATE OF BIRTH</b>		<b>SCHOOL GRADE</b>	
<b>RELIGION</b>	<input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian _____ <input type="checkbox"/> None <input type="checkbox"/> Other Religion _____	<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>ETHNICITY</b>	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Filipino <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other_____	<b>LANGUAGE</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other_____
<b>SACRAMENTS RECEIVED:</b> <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage			

*If you have additional children or other family members, you may use two forms or add another sheet and attach it to this one. Thank you!*