

Please Return to
St. Anthony Rectory

St. Anthony Parish
Family Registration
P.O. Box 69 Loyal, WI 54446

Reg Date: / /

Last Name: [] First Name(s): []
 Mailing Name (ie Mr. & Mrs. John Doe) []
 Address: [] Add2: []
 City: [] State: [] Zip: [] - []
 AreaCode: [] Home Phone: [] Emerg. Phone: []
 Family Email: [] Env# []

Individual Member Information

Parish Status: <i>(Active, Inactive)</i>	[]	[]
Role: <i>(Head of House, Husband, Wife etc.)</i>	[]	[]
First Name / Nickname:	[] / []	[] / []
Gender:	Male / Female (Maiden) []	Male / Female (Maiden) []
DOB (mm/dd/yyyy):	[] / [] / []	[] / [] / []
Email:	[]	[]
Work Phone/Cell Phone:	[] / []	[] / []
First Language:	[]	[]
Occupation/Employer:	[] / []	[] / []
Sacramental Info:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Dates (mm/dd/yyyy):	[] / [] / []	[] / [] / []
<i>(Single, Married, Separated, Divorced, Annulled)</i>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>
Marital Status:	[] Valid Catholic Marriage? <input type="checkbox"/>	[]

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household <i>(Son, Daughter, Mother Father etc.)</i>	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1. []	[] / []	M / F	[] / [] / []	[]	[]
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
2. []	[] / []	M / F	[] / [] / []	[]	[]
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
3. []	[] / []	M / F	[] / [] / []	[]	[]
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.