

St. Anthony Claret Church - Member Registration Form

Today's Date

Family's Last Name

Address Apt. # City State Zip Code

() _____ Would you like to receive Church Offering Envelopes by mail? Yes ___ No ___
Telephone Number Would you like to do Electronic Giving? Yes ___ No ___

Email Address: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widow

Were you married by a priest in the Roman Catholic Church: ___ Yes ___ No Religion: Catholic ___ Other ___

() _____ () _____
Husband's Business Phone # Wife's Business Phone #

Adult Names: - First, Middle Initial, Last:	Birthdate Month/Day/Year	Work Occupation:
1.		
2.		
Names of the Children - First, Middle Initial, Last:	Birthdate: Month/Day/Year	School Grade:
1.		
2.		
3.		
4.		
5.		
Please list other people that are living with you: First, Middle Initial, Last:	Birthdate Month/Day/Year	Relationship:
1.		
2.		
3.		
4.		
5.		

Please fill out this form completely and return it to the Rectory Office.