



ST. ANTHONY OF PADUA PARISH

906 JENKINS STREET
ENDICOTT, NY 13760
607-754-4333

FAMILY REGISTRATION FORM

For Office Use

Last Name:

ID #:

Date:

Title (Mr., Mrs., Miss, Dr., etc)

Last Name

First Name

Spouse First

Street Address

City

State

Zip

Phone #

Unlisted (Yes or No)

Cell phone #

Email Address

Emergency Contact Name

Emergency Phone #

Previous Parish Name, City, State

Please list talents or skills you are willing to share:
(e.g., carpenter, child care, electrician, plumber, music, etc)

Please indicate special needs in which St. Anthony's church can
be of assistance:

ST. ANTHONY OF PADUA PARISH FAMILY REGISTRATION FORM

	Head of House	Spouse	Adult/Child	Child	Child	Child
First Name						
Last Name(if different)						
Maiden Name						
Marital Status						
Adult Cell Phone #						
Handicap						
Religion						
Occupation						
School Attending						
Highest Degree/Present Grade						
Sex (circle M or F)	M F	M F	M F	M F	M F	M F
Birth Date (M/D/Y)						
Baptized (Yes or No) & Date	Y N / /	Y N / /	Y N / /	Y N / /	Y N / /	Y N / /
Baptism Parish, City & State						
Penance (Yes or No) & Date	Y N / /	Y N / /	Y N / /	Y N / /	Y N / /	Y N / /
1st Communion (Yes or No) & Date	Y N / /	Y N / /	Y N / /	Y N / /	Y N / /	Y N / /
Parish of 1st Communion						
Confirmation (Yes or No) & Date	Y N / /	Y N / /	Y N / /	Y N / /	Y N / /	Y N / /
Parish of Confirmation						
Marriage (Yes or No) & Date	Y N / /	Y N / /	Y N / /	Y N / /	Y N / /	Y N / /
Parish of Marriage						
Enrolled in Religious Education	Y N	Y N	Y N	Y N	Y N	Y N