



St. Anthony of Padua  
 101 E Virginia St • PO Box 764 • Effingham, IL 62401  
 Phone: (217) 347-7129 Fax: (217) 342-6980  
 Parish email: shoene@stanthony.com

**Parish  
 Registration Form**

**IMPORTANT:** The information you provide will be for church use only.

Family Name and Salutation: \_\_\_\_\_  
 Resident Address: Street: \_\_\_\_\_  
 Mailing Address: Street: \_\_\_\_\_ PO Box \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ His Cell Phone #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Her Cell Phone #: \_\_\_\_\_

**Head of Household**

**Spouse**

◆ First Name	_____	_____
◆ Middle Name	_____	_____
◆ Last Name	_____	_____
◆ Maiden Name	_____	_____
◆ Gender (Male or Female)	_____	_____
◆ Date of Birth	_____	_____
◆ Place of Birth	_____	_____
◆ Religion	_____	_____
◆ Baptized Catholic (Yes or No)	_____	_____
◆ Church, City & State of Baptism	_____	_____
◆ First Confession (Yes or No)	_____	_____
◆ First Communion (Yes or No)	_____	_____
◆ Confirmation (Yes or No)	_____	_____
◆ Marital Status: (Married, Single, Widowed, Divorced)	_____	_____
◆ Place of Marriage	_____	_____
◆ Date of Marriage	_____	_____
◆ Is your marriage valid according to Catholic Church? (Yes/ No)	_____	_____
◆ If Divorced, was marriage annulled by the Church? (Yes or No)	_____	_____
◆ Occupation	_____	_____

Please complete for all children living at home

**First Child**

**Second Child**

**Third Child**

◆ First Name	_____	_____	_____
◆ Middle Name	_____	_____	_____
◆ Last Name	_____	_____	_____
◆ Gender	_____	_____	_____
◆ Date of Birth	_____	_____	_____
◆ Place of Birth	_____	_____	_____
◆ Baptized Catholic (Yes or No)	_____	_____	_____
◆ Church, City & Sate of Baptism	_____	_____	_____
◆ First Confession (Yes or No)	_____	_____	_____
◆ First Communion (Yes or No)	_____	_____	_____
◆ Confirmation (Yes or No)	_____	_____	_____

**Fourth Child**

**Fifth Child**

**Sixth Child**

- ◆ First Name \_\_\_\_\_
- ◆ Middle Name \_\_\_\_\_
- ◆ Last Name \_\_\_\_\_
- ◆ Gender \_\_\_\_\_
- ◆ Date of Birth \_\_\_\_\_
- ◆ Place of Birth \_\_\_\_\_
- ◆ Baptized Catholic (Yes or No) \_\_\_\_\_
- ◆ Church, City & Sate of Baptism \_\_\_\_\_
- ◆ First Confession (Yes or No) \_\_\_\_\_
- ◆ First Communion (Yes or No) \_\_\_\_\_
- ◆ Confirmation (Yes or No) \_\_\_\_\_

Please complete for all children not living at home or for others living with you.  
 (Include your children attending college and living away from home but still have a permanent residence at your home.)

**Adult Child**

**Adult Child**

**Adult Child**

- ◆ First Name \_\_\_\_\_
- ◆ Middle Name \_\_\_\_\_
- ◆ Last Name \_\_\_\_\_
- ◆ Gender \_\_\_\_\_
- ◆ Date of Birth \_\_\_\_\_
- ◆ Place of Birth \_\_\_\_\_
- ◆ Baptized Catholic (Yes or No) \_\_\_\_\_
- ◆ Church, City & Sate of Baptism \_\_\_\_\_
- ◆ First Confession (Yes or No) \_\_\_\_\_
- ◆ First Communion (Yes or No) \_\_\_\_\_
- ◆ Confirmation (Yes or No) \_\_\_\_\_
- ◆ Marital Status  
(Married, Single, Widowed, Divorced) \_\_\_\_\_
- ◆ Place of Marriage \_\_\_\_\_
- ◆ Date of Marriage \_\_\_\_\_

Any special needs? Who? (example: homebound, nursing home, blind, deaf, etc.)  
 \_\_\_\_\_

Are there any programs or ministries you would like to have implemented in our parish?  
 \_\_\_\_\_

**Important Note Regarding Your Parish Records:**

Thank you for taking the time to fill out the registration form. As changes occur in your family that affect the information you have provided on this form, please let us know, so that we may keep your records complete and up-to-date.

**Please Note:** Our Stewardship committee will be contacting you to welcome you and to answer any questions you may have about our parish and schools.