



St. Anthony of Padua
 101 E Virginia St • PO Box 764 • Effingham, IL 62401
 Phone: (217) 347-7129
 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 #: _____

	<u>Head of Household</u>	<u>Spouse</u>
◆ 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	_____	_____

<u>Please complete for all children living at home</u>	<u>First Child</u>	<u>Second Child</u>	<u>Third Child</u>
◆ 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) *	_____	_____	_____

* If you answered No to any of the items listed with an asterisk and you would like to receive more information, please let us know here.
 Someone from the parish office will be in contact with you. Yes / No Comments: _____ (over)

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?

I/We would like to receive more information about St. Anthony Schools and possible enrollment. Yes / No

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 share more information about our parish and schools.

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