

PARISH MEMBERSHIP FORM
ST. ANTHONY OF PADUA CATHOLIC CHURCH
BAYOU BLACK, LOUISIANA

I/WE would like to register as a member/s of St. Anthony of Padua Catholic Church.

LAST NAME

FIRST

MAIDEN

AGE

MAILING ADDRESS: _____

PHYSICAL ADDRESS (*if different from above*) _____

HOUSE NO.

STREET

CITY & ZIP

HOME PHONE NUMBER: _____ Other Phone Nos.: _____

CIVIL STATUS: Single Widowed Separated Divorced

Married: in the Catholic Church Date: _____

Church & Place of Wedding: _____

OR by a Judge/J.P. or other Non-Catholic Minister Date: _____

I/We would like to receive the Parish Contribution Envelopes.

HOUSEHOLD: *List all members including yourself.*

Full name (<i>and last name if different</i>)	Sex M/F	Age	Date of Birth Mm/dd/year	SACRAMENTS RECEIVED			<i>(For Children)</i> School Attending & Grade	<i>(For Adults)</i> Occupation
				Baptism	First Communion <i>(Check appropriate columns)</i>	Confirmation		

Name of former Church Parish: _____

Address: _____

Please indicate if any member of your household has special needs: _____