

St. Anthony of Padua Roman Catholic Church

165 Prospect Street N., Hamilton, ON Canada L8L 6X8

Tel: 905-544-3327 | Fax: 905-544-3054

PARISH REGISTRATION FORM

*Registration is **only required** for attending Mass and participating at the Parish life, not for sacraments.

*NOTE: The following information is needed for the Parish records. It is kept confidential.

(PLEASE PRINT) Family Surname _____ Today's Date _____

First Name _____	Spouse First Name _____
M ___ F ___ Birthdate _____	M ___ F ___ Birthdate _____
Maiden Name _____	Maiden Name _____
Non-Catholic? ___ Denomination _____	Non-Catholic? ___ Denomination _____
Sacraments Received (Please circle)	
Baptized	YES NO
First Holy Communion	YES NO
Confirmation	YES NO

Address _____

City _____ Postal Code _____

Telephone _____ Unlisted? YES NO

Email address _____

Envelope #

Do you want Donation envelopes? (Please Circle)

YES NO

Current Marital Status (Please check)

<input type="checkbox"/> Roman Catholic Marriage (both Catholic)	<input type="checkbox"/> Mixed Marriage (1 Cath. & 1 non-Catholic)
<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated
<input type="checkbox"/> Married Outside the Catholic Church	<input type="checkbox"/> Divorced
<input type="checkbox"/> Common Law	<input type="checkbox"/> Single
<input type="checkbox"/> Engaged	<input type="checkbox"/> Other

Church of Marriage _____

City & Country _____ Date of Marriage _____

Children:

Full Name	Sex (M – F)	Birthdate (MM/DD/YYYY)	Sacraments Received (Please Circle)	
			Baptized	YES NO
			First Holy Communion	YES NO
			Confirmation	YES NO
			Baptized	YES NO
			First Holy Communion	YES NO
			Confirmation	YES NO
			Baptized	YES NO
			First Holy Communion	YES NO
			Confirmation	YES NO

Sacramental Information for each Family member:

Baptism

Name	Name of Church & Address	Date

First Holy Communion

Name	Name of Church & Address	Date

Confirmation

Name	Name of Church & Address	Date