



# Saint Anthony Catholic Church

7659 West Sauk Trail, Frankfort, IL 60423  
Phone 815-469-3750 Fax 815-469-6514  
www.stanthonyfrankfort.com

|                   |
|-------------------|
| <b>Office Use</b> |
| # _____           |
| Date _____        |

## PARISHIONER REGISTRATION FORM

CONFIDENTIAL INFORMATION / PLEASE PRINT

◆ **MARITAL STATUS**  SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED

MARRIAGE DATE \_\_\_\_\_ CIVIL CEREMONY  YES  NO

CHURCH \_\_\_\_\_ CITY/STATE \_\_\_\_\_

◆ **HEAD OF HOUSEHOLD**  MR.  MRS.  MS.  MISS BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

MAIDEN NAME (if applicable) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_  CELL  HOME  BUSINESS

E-MAIL \_\_\_\_\_ OCCUPATION / EMPLOYER \_\_\_\_\_

RELIGION \_\_\_\_\_ BAPTIZED?  YES  NO COMMUNION?  YES  NO CONFIRMED?  YES  NO

◆ **SPOUSE**  MR.  MRS.  MS.  MISS BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_

PHONE \_\_\_\_\_  CELL  HOME  BUSINESS

E-MAIL \_\_\_\_\_ OCCUPATION / EMPLOYER \_\_\_\_\_

RELIGION \_\_\_\_\_ BAPTIZED?  YES  NO COMMUNION?  YES  NO CONFIRMED?  YES  NO

### ◆ CHILDREN LIVING AT HOME OR AWAY AT SCHOOL

| FIRST & LAST NAME | M/F   | BIRTH DATE     | BAPTISM        | COMMUNION      | CONFIRMATION   |
|-------------------|-------|----------------|----------------|----------------|----------------|
| _____             | _____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| _____             | _____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| _____             | _____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| _____             | _____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |

### ◆ OTHERS LIVING IN THE HOUSEHOLD

| FIRST & LAST NAME | M/F   | BIRTH DATE     | RELATIONSHIP | DO THEY WISH TO REGISTER SEPARATELY?                     |
|-------------------|-------|----------------|--------------|--|
| _____             | _____ | ____/____/____ | _____        | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____             | _____ | ____/____/____ | _____        | <input type="checkbox"/> YES <input type="checkbox"/> NO |

### ◆ I WOULD BE INTERESTED IN JOINING A PARISH MINISTRY

Please contact \_\_\_\_\_ by  PHONE or  EMAIL