

PARISHIONER REGISTRATION AND UPDATE



Saint Anthony of Padua Church

P.O. Box 1256, Youngstown, OH 44501

Ph. (330) 744-5091 Fx. (330) 744-1407

Email: office@olmcsta.com

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SECTION 1 (Basic Info)

HEAD OF HOUSEHOLD'S LAST NAME: _____

CHECK ONE: YES, I receive offering envelopes NO, I do NOT receive offering envelopes

CHECK ONE: UPDATE my record NEW parishioner **TODAY'S DATE is:** _____

SECTION 2 (Address) Check here if it is OK to publish this information:

Physical Address

Street 1: _____

Street 2: _____

City/State/Zip: _____

Mailing Address (if different)

Street 1: _____

Street 2: _____

City/State/Zip: _____

SECTION 3 (Phone and Email) Check here if it is OK to publish this information:

Name 1: _____ Phone 1: _____ Email 1: _____

Name 2: _____ Phone 2: _____ Email 2: _____

SECTION 4 (Household Information)

HEAD OF HOUSEHOLD

First: _____ Middle: _____ Last: _____

Gender: **M / F** Maiden Name (if applicable): _____

DOB: _____ Place of Birth: _____

Occupation: _____

Other Skills/Talents: _____

Special Needs: (allergies, impairments, etc) _____

About My Sacraments Received

Baptized: **Y / N** Catholic Other RCIA

Date of Baptism: _____ Place of Baptism: _____
(Church, City, State)

1st Reconciliation: **Y / N** 1st Communion: **Y / N**

Place of 1st Communion: _____
(Church, City, State)

Confirmation: **Y / N**

Place of Confirmation: (Church, City, State) _____

Marital Status: **Single Married Widowed Other**

Marriage performed by a Catholic Priest/Deacon? **Y / N**

SPOUSE (If Applicable)

First: _____ Middle: _____ Last: _____

Gender: **M / F** Maiden Name (if applicable): _____

DOB: _____ Place of Birth: _____

Occupation: _____

Other Skills/Talents: _____

Special Needs: (allergies, impairments, etc) _____

About My Sacraments Received

Baptized: **Y / N** Catholic Other RCIA

Date of Baptism: _____ Place of Baptism: _____
(Church, City, State)

1st Reconciliation: **Y / N** 1st Communion: **Y / N**

Place of 1st Communion: _____
(Church, City, State)

Confirmation: **Y / N**

Place of Confirmation: _____
(Church, City, State)

Date of Marriage: _____

Place of Marriage: (Church, City, State) _____

SECTION 5 (Children In Your Household)

Please note, children 21 and over should register separately.
Households with more than 4 children, please indicate on another sheet.

The following BEST describes our family: (If your situation warrants explanation, please email office@olmcsta.org or call the parish office.)

CIRCLE ONE: **Two-parent Home** **Single-parent Home** **Blended Family** **Legal Guardian**

CHILD ONE

First Name: _____ Middle Name: _____ Last Name: _____

School attending: _____ Grade: _____ Age: _____ Gender: **M / F** DOB: _____

Place of Birth: _____ Special Needs: (allergies, impairments, etc) _____

Sacraments Received Baptized: **Y / N** **Catholic** **Other** **RCIA** Date of Baptism: _____

Place of Baptism: _____ 1st Reconciliation: **Y / N** 1st Communion: **Y / N**
(Church, City, State)

Place of 1st Comm.: _____ Confirmation: **Y / N** Place of Confirmation: _____
(Church, City, State) (Church, City, State)

CHILD TWO

First Name: _____ Middle Name: _____ Last Name: _____

School attending: _____ Grade: _____ Age: _____ Gender: **M / F** DOB: _____

Place of Birth: _____ Special Needs: (allergies, impairments, etc) _____

Sacraments Received Baptized: **Y / N** **Catholic** **Other** **RCIA** Date of Baptism: _____

Place of Baptism: _____ 1st Reconciliation: **Y / N** 1st Communion: **Y / N**
(Church, City, State)

Place of 1st Comm.: _____ Confirmation: **Y / N** Place of Confirmation: _____
(Church, City, State) (Church, City, State)

CHILD THREE

First Name: _____ Middle Name: _____ Last Name: _____

School attending: _____ Grade: _____ Age: _____ Gender: **M / F** DOB: _____

Place of Birth: _____ Special Needs: (allergies, impairments, etc) _____

Sacraments Received Baptized: **Y / N** **Catholic** **Other** **RCIA** Date of Baptism: _____

Place of Baptism: _____ 1st Reconciliation: **Y / N** 1st Communion: **Y / N**
(Church, City, State)

Place of 1st Comm.: _____ Confirmation: **Y / N** Place of Confirmation: _____
(Church, City, State) (Church, City, State)

CHILD FOUR

First Name: _____ Middle Name: _____ Last Name: _____

School attending: _____ Grade: _____ Age: _____ Gender: **M / F** DOB: _____

Place of Birth: _____ Special Needs: (allergies, impairments, etc) _____

Sacraments Received Baptized: **Y / N** **Catholic** **Other** **RCIA** Date of Baptism: _____

Place of Baptism: _____ 1st Reconciliation: **Y / N** 1st Communion: **Y / N**
(Church, City, State)

Place of 1st Comm.: _____ Confirmation: **Y / N** Place of Confirmation: _____
(Church, City, State) (Church, City, State)