PARISHIONER REGISTRATION AND UPDATE



Saint Anthony of Padua Church P.O. Box 1256, Youngstown, OH 44501

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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 p	barishioner TODAY'S DATE is:
SECTION 2 (Address) Check here if it is Of	K to publish this information:
Physical Address	Mailing Address (if different)
Street 1:	Street 1:
Street 2:	Street 2:
City/State/Zip:	City/State/Zip:
SECTION 3 (Phone and Email) Check	here if it is OK to publish this information:
Name 1: Phone 1:	Email 1:
	Email 2:
SECTION 4 (Household Information) HEAD OF HOUSEHOLD	SPOUSE (If Applicable)
First: Middle: Last:	First: Middle: Last:
Gender: M / F Maiden Name (if applicable):	Gender: M / F Maiden Name (if applicable):
DOB: Place of Birth:	DOB: Place of Birth:
Occupation:	Occupation:
Other Skills/Talents:	Other Skills/Talents:
Special Needs: (allergies, impairments, etc)	Special Needs: (allergies, impairments, etc)
About My Sacraments Received	About My Sacraments Received
Baptized: Y / N Catholic Other RCIA	Baptized: Y / N Catholic Other RCIA
Date of Baptism: Place of Baptism: (Church, City, State)	Date of Baptism: Place of Baptism: (Church, City, State)
1st Reconciliation: Y / N 1st Communion: Y	/ N 1st Reconciliation: Y / N 1st Communion: Y / N
Place of 1st Communion:	Place of 1st Communion:
Confirmation: Y / N	Confirmation: Y / N
Place of Confirmation: (Church, City, State)	Place of Confirmation: (Church, City, State)
Marital Status: Single Married Widowed Oth	er Date of Marriage:
Marriage performed by a Catholic Priest/Deacon? \mathbf{Y} / \mathbf{N}	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: N		Middle Name	Middle Name:		ne:	
School attending:		Grade:	Age:	Gender:	M/F DOB	:
Place of Birth:		Special Need	S: (allergies, impa	airments, etc)		
Sacraments Received	Baptized: Y/	N Catho	lic Other	RCIA	Date of Bapt	ism:
Place of Baptism: (Church, City, State)	1st F	Reconciliation:	Y / N	1st C	Communion: Y/N	
Place of 1st Comm.: (Church, City, State)						
CHILD TWO						
First Name:		Middle Name	:	Last Nam	ıe:	
School attending:		Grade:	Age:	Gender:	M/F DOB	:
Place of Birth:		Special Need	S: (allergies, impa	airments, etc)		
Sacraments Received	Baptized: Y/	N Catho	lic Other	RCIA	Date of Bapt	ism:
Place of Baptism: (Church, City, State)	1st F	Reconciliation:	Y / N	1st C	Communion: Y/N	
Place of 1st Comm.: (Church, City, State)						
CHILD THREE						
First Name:		Middle Name	:	Last Nam	ne:	
School attending:		Grade:	Age:	Gender:	M/F DOB	:
Place of Birth:		Special Need	S: (allergies, impa	airments, etc)		
Sacraments Received	Baptized: Y/	N Catho	lic Other	RCIA	Date of Bapt	ism:
Place of Baptism: (Church, City, State)	1st F	Reconciliation:	Y / N	1st C	Communion: Y/N	
Place of 1st Comm.: (Church, City, State)		C	Confirmation:	Y / N	Place of Confirm (Church, City	ation:
CHILD FOUR						
First Name:		Middle Name	:	Last Nam	ne:	
School attending:		Grade:	Age:	Gender:	M/F DOB	:
Place of Birth:		Special Need	S: (allergies, impa	airments, etc)		
Sacraments Received	Baptized: Y/	N Catho	lic Other	RCIA	Date of Bapt	ism:
Place of Baptism: (Church, City, State)	1st F	Reconciliation:	Y / N	1st C	Communion: Y/N	
Place of 1st Comm.: (Church, City, State)			Confirmation:			

The information you provide in this document is for Church use only. Your privacy is important to us. We will not share your information. Please PRINT information, and provide full names, and complete as the for as best as you can and to the best of your knowledge. **Our objective is to keep parish records complete and up to date.** Please let us know as changes occur in your family that affect the information provided in this form.