



**Basilica of
Our Lady of Mount Carmel -
St. Anthony of Padua Parish**

343 Via Mt. Carmel, Youngstown, Ohio 44505

**PARISH
REGISTRATION**

Date Completed

____ Updating Info.

____ New Member



IMPORTANT: THE INFORMATION YOU PROVIDE WILL BE FOR CHURCH USE ONLY

Please **PRINT** information and provide full names and complete as many dates as you can.

Please complete the back of this page for Additional Family Members/Children living in your household.

Salutation (Mr. & Mrs./Mr./Mrs./Miss/etc.) and FAMILY NAME

ENVELOPE NUMBER

Receive?

Yes No

PHYSICAL & MAILING ADDRESS/APARTMENT NUMBER

MAILING ADDRESS (if different)

Publish?

Yes No

Publish?

Yes No

City/State/Zip

City/State/Zip

E-mail address:

Publish?

Yes No

Cell Phone:

Publish?

Yes No

Home Phone:

Publish?

Yes No

Work Phone:

Publish?

Yes No

Marital Status: Single Married Widowed Other

If Married, was it by a Catholic Priest/Deacon? Yes No Date of Marriage:

Place of Marriage:

Please Complete for Both (if applicable)

HEAD OF HOUSEHOLD

SPOUSE

First Name

Middle Name

Last or Maiden Name

Gender (Male or Female)

Date of Birth (mm/dd/yyyy)

Place of Birth

Yes No

Yes No

Baptized

Catholic Other RCIA

Catholic Other RCIA

Date:

Date:

Place of Baptism

(Church, City, State)

First Reconciliation

Yes No

Yes No

First Communion

Yes No

Yes No

Date:

Date:

Place of First Communion

(Church, City, State)

Confirmation

Yes No

Yes No

Date:

Date:

Place of Confirmation

(Church, City, State)

Occupation (indicate also if retired)

Skills/Talents

(willing to offer to the parish)

Special Needs (if any)

REGISTRATION FOR DEPENDENT CHILDREN LIVING IN THE HOUSEHOLD

If there are more than 3 children, please use additional space below.

*Additional family members/children over the **age of 21** should register separately.*

	First Child	Second Child	Third Child
First Name			
Middle Name			
Last Name			
Gender (Male or Female)			
Place of Birth			
Date of Birth (mm/dd/yyyy)			
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Catholic <input type="checkbox"/> Other	<input type="checkbox"/> Catholic <input type="checkbox"/> Other	<input type="checkbox"/> Catholic <input type="checkbox"/> Other
	Date:	Date:	Date:
Place of Baptism (Church, City, State)			
First Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date:	Date:	Date:
Place of First Communion (Church, City, State)			
Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date:	Date:	Date:
Place of Confirmation (Church, City, State)			
Name of school attending			
Current Grade			
Special Needs (if any)			
Family Status	<input type="checkbox"/> Two-Parent	<input type="checkbox"/> Single-Parent	<input type="checkbox"/> Blended <input type="checkbox"/> Guardian

Additional information:

IMPORTANT NOTE REGARDING YOUR PARISH RECORDS

We want to keep your records complete and up to date. Please let us know as changes occur in your family that affect the information you provided on this form.