

Member Email

## St. Anthony's Catholic Church

## **New Family Registry**

505 E North Street, Manteca, CA 95336-8587 Office (209) 823-7197 - Fax (209) 823-5238

Please **Print clearly.** Thank You

Registry Date:\_\_\_\_\_

Yes /No

Offertory Envelopes

Family Last Name: Primary Language: Home Address: Mailing Address: Primary Email:\_\_\_\_\_ Cell:( ) Primary Phone: ( **Head of Household Information** First Name: Last Name (if different) Date of Birth Occupation Work: ( ) Cell ( ) Please Circle: Male / Female Single/Married / Widowed / Separated / Divorced (If Female): Maiden name: Wedding Date: City & Church of Marriage **If Married please circle**: Catholic Church / Civil Marriage / Other Please circle the Sacraments you have received: Confirmation Baptism First Communion Penance Matrimony Church of Baptism City & State Catholic: Yes No. Member Email **Spouse/Other Adult Information** First Name: Last Name (if different) Date of Birth Ocupation Work: ( ) Cell ( ) Single / Married / Widowed / Separated / Divorced (If Female): Maiden name: Please Circle: Male / Female If Married please circle: Catholic Church / Civil Marriage / Other Wedding Date: City & Church of Marriage Please circle the Sacraments you have received: Baptism First Communion Penance Confirmation Matrimony Church of Baptism City & State Catholic: Yes No

## **Please Print clearly**

## Children at home under 18 yrs old:

First Name:	Middle Name:	Last Name (if different):	
Date of Birth:	Please Circle: Male / Female	Relationship to you:	
Please circle the Sacraments you have received:	Baptism First Communion	Penance Confirmation	
Name of Church, City & State of Baptism:			
First Name:	Middle Name:	Last Name (if different):	
Date of Birth:	Please Circle: Male / Female	Relationship to you:	
Please circle the Sacraments you have received:	Baptism First Communion	Penance Confirmation	
Name of Church, City & State of Baptism:			
First Name:	Middle Name:	Last Name (if different):	
Date of Birth:	Please Circle: Male / Female	Relationship to you:	
Please circle the Sacraments you have received:	Baptism First Communion	Penance Confirmation	
Name of Church, City & State of Baptism:			
First Name:	Middle Name:	Last Name (if different):	
Date of Birth:	Please Circle: Male / Female	Relationship to you:	
Please circle the Sacraments you have received:	Baptism First Communion	Penance Confirmation	
Name of Church, City & State of Baptism:			
First Name:	Middle Name:	Last Name (if different):	
Date of Birth:	Please Circle: Male / Female	Relationship to you:	
Please circle the Sacraments you have received:	Baptism First Communion	Penance Confirmation	
Name of Church, City & State of Baptism:			