

DATE \_\_\_\_\_

# **ST. ANTHONY CHURCH – VIOLET**

3918 County Road 61 Robstown, TX 78380 (361-387-4434)

## **PARISH REGISTRATION**

Husband's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Wife's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

E-Mail Address (optional) \_\_\_\_\_

Telephone \_\_\_\_\_ Listed / Unlisted (circle one)

**Please include a description of how to locate your residence from the Church property:**

\_\_\_\_\_  
\_\_\_\_\_

Please Check:      Marital Status:                      Married              by Priest              Judge              Minister  
   Single  
   Separated  
   Divorced  
   Widow (er)

Husband's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Wife's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Husband's Religion \_\_\_\_\_ Wife's Religion \_\_\_\_\_

Name(s) of Children Living at Home:

Name	(date of)	Birth	Baptism (when/where)	1 <sup>st</sup> Comm	Confirm	Grade
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Others living at same address:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Is there a member of the family living at home who is unable to attend Mass, but would like to receive Holy Communion on a regular basis?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are there any other special needs you feel the parish could be helpful in? \_\_\_\_\_

\_\_\_\_\_

*Please consider how your talents might be of benefit to the Parish and fill out the other side accordingly.....*