

Mailing Address:  
11 Irving Avenue  
Colonial Beach, VA 22443

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

## St. Anthony of Padua Catholic Church Parish Registration Form

Phone: 540-848-4785  
Email: stanthony@va.metrocast.net  
Website: saintselizabethandanthony.com

Family Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email(s): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address:

Physical Address:

May we add you to our email list? YES / NO

First and Middle Name	DOB	Religion	Occupation & Employer	Phone Numbers	Sacraments Received	Marital Status
Husband / Single Male				work: cell:	___ Baptism    ___ Communion ___ Confession    ___ Confirmation	M / S / W / D
Wife (please include maiden name) / Single Female				work: cell:	___ Baptism    ___ Communion ___ Confession    ___ Confirmation	M / S / W / D

Children at Home * (First and Middle) (Last Name if different from family last name.)	DOB	Gender	Education (Please indicate public, Catholic, private, or home school.)	Sacraments Received (Please indicate if child is not Catholic.)
				___ Baptism    ___ Confession    ___ Communion    ___ Confirmation
				___ Baptism    ___ Confession    ___ Communion    ___ Confirmation
				___ Baptism    ___ Confession    ___ Communion    ___ Confirmation
				___ Baptism    ___ Confession    ___ Communion    ___ Confirmation
				___ Baptism    ___ Confession    ___ Communion    ___ Confirmation
				___ Baptism    ___ Confession    ___ Communion    ___ Confirmation
				___ Baptism    ___ Confession    ___ Communion    ___ Confirmation

Others Residing at Address * (First, Middle, and Last Name)	DOB	Religion	Relationship to Household	Phone Numbers	Sacraments Received	Marital Status
				work: cell:	___ Baptism    ___ Communion ___ Confession    ___ Confirmation	M / S / W / D
				work: cell:	___ Baptism    ___ Communion ___ Confession    ___ Confirmation	M / S / W / D

\* If additional spaces are needed, please continue on a separate sheet.

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Parish Registration Form**

- ◆ If married, were you married in the Catholic Church by a Priest or Deacon?: YES / NO    Date of Marriage: \_\_\_\_\_
  - ◆ Would you like to be contacted about any of the following: Baptism, Confession, First Holy Communion, Confirmation, RCIA, getting your marriage blessed in the Catholic Church? \_\_\_\_\_
  - ◆ If anyone in your household is disabled, homebound, ill, or has special needs, please explain: \_\_\_\_\_
- 
- ◆ Are your children registered in a religious education program? Y / N Where? \_\_\_\_\_

**Please express your commitment to support St. Anthony Catholic Church by offering your time, talent and treasure:**

**Your Time & Talents**

In addition to attending Mass at St. Anthony, please consider volunteering with or joining one of our groups.

*Please list name of family member next to area of interest.*

Lectors	
Altar boys	
Ushers	
Choir	
Church appearance	
Facility maintenance	
Grounds keeping	
Religious education	
Bible study	
Adult Education	
Youth Group	
Little Flowers girls group	
Home school co-op	

Social events	
Knights of Columbus	
Legion of Mary	
Social outreach	
Funeral receptions	
Meals to moms	

If you have other ideas of how you would like to be involved in our parish family, please list them here.

**Your Treasure:**

Your offertory donations supply the financial needs of St. Anthony Catholic Church and its programs. You may use offertory envelopes or you may sign-up for online giving for automatic giving by bank or credit card. Please indicate your preference:

\_\_\_\_\_ **offertory envelopes**

\_\_\_\_\_ **online giving**

(see [www.faithdirect.net](http://www.faithdirect.net) use code VA573)

The expression of your offertory commitment helps us plan our budget.

\$ \_\_\_\_\_ per week beginning *(date)* \_\_\_\_\_

**For office use.**