



# St. Anthony's Catholic Church Registration Form

502 South Ninth Street  
575.746.4471

Family Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

Date: M | D | Y \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Language(s) Spoken: \_\_\_\_\_

Head(s) of Household	
Adult 1/Male	Adult 2/Female
Full Name: _____	Full Name: _____
Preferred/Nick Name: _____	Preferred/Nick Name: _____
Date of Birth: M   D   Y _____ Cell Phone: _____	Date of Birth: M   D   Y _____ Cell Phone: _____
Religion: _____	Religion: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Email: _____	Email: _____
<b>Sacraments Received</b>	<b>Sacraments Received</b>
<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation Need RCIA: Yes _____ No _____	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation Need RCIA: Yes _____ No _____
Current Marital Status	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Justice of the Peace <input type="checkbox"/> Widowed <input type="checkbox"/> Legal Divorce <input type="checkbox"/> Living Together	
Married by Priest: Yes _____ No _____ Church/City/Zip: _____ Date: M   D   Y _____	
Need Annulment: Yes _____ No _____	

Dependent Children Living at Home	
Child 1	Child 2
Full Name: _____	Full Name: _____
Preferred/Nick Name: _____	Preferred/Nick Name: _____
Date of Birth: M   D   Y _____	Date of Birth: M   D   Y _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
School: _____ Grade: _____	School: _____ Grade: _____
<b>Sacraments Received</b>	<b>Sacraments Received</b>
<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation Need RCIC: Yes _____ No _____	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation Need RCIC: Yes _____ No _____
Child 3	Child 4
Full Name: _____	Full Name: _____
Preferred/Nick Name: _____	Preferred/Nick Name: _____
Date of Birth: M   D   Y _____	Date of Birth: M   D   Y _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
School: _____ Grade: _____	School: _____ Grade: _____
<b>Sacraments Received</b>	<b>Sacraments Received</b>
<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation Need RCIC: Yes _____ No _____	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation Need RCIC: Yes _____ No _____

List of Ministries/Programs Interested in Joining (Please Check All That Apply)			
<input type="checkbox"/> Altar Serving (4th-12 Grades)	<input type="checkbox"/> Collection Counting	<input type="checkbox"/> Knights of Columbus	<input type="checkbox"/> Religious Education
<input type="checkbox"/> Altar Society	<input type="checkbox"/> Decorating	<input type="checkbox"/> Lectoring	<input type="checkbox"/> Sacristans
<input type="checkbox"/> Annulments	<input type="checkbox"/> Eucharistic Ministry	<input type="checkbox"/> Maintenance	<input type="checkbox"/> St. Vincent de Paul Society
<input type="checkbox"/> Bible Study	<input type="checkbox"/> Finance Council	<input type="checkbox"/> Marriage Preparation	<input type="checkbox"/> Ushering
<input type="checkbox"/> Bulletin	<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Parish Council	<input type="checkbox"/> Welcoming Ministry
<input type="checkbox"/> Chior/Music	<input type="checkbox"/> Greeting	<input type="checkbox"/> RCIA	<input type="checkbox"/> Youth Ministry
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Grounds Keeping	<input type="checkbox"/> RCIA	<input type="checkbox"/> Other: _____

Please Return Registration Form to Welcoming Ministry after Mass or to Church Office (Monday or Tuesday 1-4pm)

For Office Use Only:	<input type="checkbox"/> Called	<input type="checkbox"/> Welcome Packet	<input type="checkbox"/> Need Document(s)	Envelope # _____
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## *St. Anthony's Catholic Church New Parishioner Questionnaire*

Names of You and Your Spouse:

Names and Ages of Your Children:

Place Where You Moved From:

Places of Occupation:

Job Titles/Type of Work:

Schools Your Children Attend:

Organizations You and Your Spouse are Members/Hobbies You Enjoy:

Extracurricular Activities/Hobbies Your Children Enjoy:

What Brought You to Artesia?:

Anything Else You Would Like to Share with St. Anthony's Church?:

*Welcome one another, then, as Christ welcomed you, for the glory of God. (Romans 15:7)*