

St. Anthony of Padua Roman Catholic Church Parish Registration

225 8th Avenue, P.O. Box 825, Krotz Springs, Louisiana 70750; Tel. 337-566-3527

Date: _____

Household Name (M/M) (Mr.) (Mrs.) (Ms) _____

Last Name

First Name

Mid. Init

Maiden Name

Address and/or P.O. Box _____

City, State, Zip Code _____

Phone _____

Member(s)	Relationship	DOB	Sex	Bapt.	1 st Com.	Conf.	Marital Status
1. _____	_____	_____	_____	Y/N	Y/N	Y/N	S/M/D/W
2. _____	_____	_____	_____	Y/N	Y/N	Y/N	S/M/D/W
3. _____	_____	_____	_____	Y/N	Y/N	Y/N	S/M/D/W
4. _____	_____	_____	_____	Y/N	Y/N	Y/N	S/M/D/W
5. _____	_____	_____	_____	Y/N	Y/N	Y/N	S/M/D/W
6. _____	_____	_____	_____	Y/N	Y/N	Y/N	S/M/D/W

(Use the back for more Members)

Offeratory Envelope Preference Yes (☐) No (☐)

To help us serve you better, we strongly recommend you to receive envelopes.

Welcome and thank you for being a part of our church.

For Office Use Only

Envelope Number:

Cancellation/Deletion

St. Anthony of Padua Roman Catholic Church Parish Registration

225 8th Avenue, P.O. Box 825, Krotz Springs, Louisiana 70750; Tel. 337-566-3527

Date: _____

Household Name (M/M) (Mr.) (Mrs.) (Ms) _____

Last Name

First Name

Mid. Init

Maiden Name

Address and/or P.O. Box _____

City, State, Zip Code _____

Phone _____

Member(s)	Relationship	DOB	Sex	Bapt.	1 st Com.	Conf.	Marital Status
1. _____	_____	_____	_____	Y/N	Y/N	Y/N	S/M/D/W
2. _____	_____	_____	_____	Y/N	Y/N	Y/N	S/M/D/W
3. _____	_____	_____	_____	Y/N	Y/N	Y/N	S/M/D/W
4. _____	_____	_____	_____	Y/N	Y/N	Y/N	S/M/D/W
5. _____	_____	_____	_____	Y/N	Y/N	Y/N	S/M/D/W
6. _____	_____	_____	_____	Y/N	Y/N	Y/N	S/M/D/W

(Use the back for more Members)

Offeratory Envelope Preference Yes (☐) No (☐)

To help us serve you better, we strongly recommend you to receive envelopes.

Welcome and thank you for being a part of our church.

For Office Use Only

Envelope Number:

Cancellation/Deletion