St Anthony Church – Laurel MT 59044
700 3rd Ave (Church) 317 W 7th St (Mailing)

Parish Registration

CONFIDENTIAL

Registration Date: _____

All information obtained from this form is considered confidential and will not be shared or given to anyone outside of St Anthony Church Business Office or Religious Education Ministry Office other than sacramental information that the Diocese requires. Our business office phone number is (406) 628-7182.

Family Name: _____ PO Box/Street Address: _____ City: _____ ZIP: _____

Main Contact Phone Number: (____) ____-_____ Spouse Phone: (____) ____-_____ Emergency Contact: _____ Phone: _____

Email Address: _____ Do you have someone with a disability in your home? Yes____ No____

Which Mass(es) do you attend? (Circle all that apply) **Sat Vigil 5:30pm** **Sunday 8:45am** **Sunday 11 am** **Daily Mass**

***Marital Status** (circle one): **Married - Single - Divorced - Separated - Widowed - Remarried**

****Marital Status** (circle one): **Married - Single - Divorced - Separated - Widowed - Remarried**

Are you interested in RCIA for yourself? _____ Spouse? _____ Children? _____

Wedding Date

Parish Name & Address

If you have any questions regarding marriage validity or any of the other sacraments, please feel free to contact parish office or Father.

First, Middle, and Last Names (Ladies please include maiden name)	**Please Circle**	**Religion**	**Occupation**	**Business Phone**	**Date of Birth**	**Baptism Date** Church Name Address	**First Communion** Church Name Address	**Confirmation Date** Church Name Address	**Ethnicity**
*	M F								
**	M F								
Children Living at Home First, Middle & Last Name (if different than family name listed above)		**Religion**	**Name of School**	**Age/Grade**	**Date of Birth**	**Baptism Date** Church Name Address	**First Communion** Church Name Address	**Confirmation Date** Church Name Address	**Ethnicity**
	M F								
	M F								
	M F								
	M F								
	M F								
(Others living in your home)	M F								
	M F								