

**CHURCH OF SAINT ANTHONY
331 SEWARD PLACE
SCHENECTADY, NEW YORK 12305**

Mr. Mrs. Miss Ms. Mr. & Mrs. Dr. & Mrs. Other

Last Name: _____ **Sr.** **Jr.** **III** **First Name** _____

Spouse Name _____ **Maiden Name** _____

Street Address: _____ City: _____ State _____
Zip _____ Phone Number (Home) _____ Unlisted Cell _____

Member's name _____	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Member's Religion _____	Special Needs _____	Occupation _____
Member's name _____	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Member's Religion _____	Special Needs _____	Occupation _____
Member's name _____	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Member's Religion _____	Special Needs _____	Occupation _____
Member's name _____	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Member's Religion _____	Special Needs _____	Occupation _____
Member's name _____	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Member's Religion _____	Special Needs _____	Occupation _____
Member's name _____	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Member's Religion _____	Special Needs _____	Occupation _____
Member's name _____	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Member's Religion _____	Special Needs _____	Occupation _____

Do You Want Church Envelopes: Yes No Do You Receive the Evangelist: Yes No Do You Wish To: Yes No

Member's First Name	Phone Number	Dated Information on Sacrament					
		Baptism	Communion	Confirmation	Matrimony		
Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____				
Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____				
Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____				
Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____				
Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____				
Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____				
Member's name _____	Business/Cell Number _____	Male [] Female[]	Birth Date _____				

PLEASE CIRCLE PARISH INVOLVEMENT OR INTEREST YOU WISH TO PARTICIPATE IN

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|-------------------------|---------------------------------|--------------------------------|
| 1. BEREAVEMENT | 6. EVANGELIZATION | 11. SACRED HEART LEAGUE |
| 2. EUCHARISTIC MINISTER | 7. HOMEBOUND MINISTRY | 12. FESTA VOLUNTEER |
| 3. LECTOR | 8. HOSPITAL VISITATION | 13. DINNER/BAKE SALE VOLUNTEER |
| 4. USHER | 9. NURSING HOME VISITATION | |
| 5. ALTAR LINEN | 10. RELIGIOUS EDUCATION TEACHER | |