

# ST. ANTHONY OF PADUA ROMAN CATHOLIC CHURCH

## PARISH REGISTRATION FORM

**PARISH ID #:** \_\_\_\_\_

# WELCOME!

**ENVELOPES: Yes No**

**Date:** \_\_\_ / \_\_\_ / \_\_\_ **Family Name (Please Print):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Head of Household**



**Last :** \_\_\_\_\_ **First:** \_\_\_\_\_ **M.** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Birth Date** \_\_\_ / \_\_\_ / \_\_\_ **Sex:** M F **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Marital Status:** Single Engaged Married Widowed Separated Divorced  
**Sacraments Received:** Baptism First Communion Confirmation Catholic Matrimony

**Spouse**



**Spouse's Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **M.** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Birth Date** \_\_\_ / \_\_\_ / \_\_\_ **Sex:** M F **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Sacraments Received:** Baptism First Communion Confirmation Catholic Matrimony

**Family**



Names of Others Living with You	Male or Female	Date of Birth	Baptized?	First Communion?	Confirmed?
_____	Male / Female	___ / ___ / ___	Yes / No	Yes / No	Yes / No
_____	Male / Female	___ / ___ / ___	Yes / No	Yes / No	Yes / No
_____	Male / Female	___ / ___ / ___	Yes / No	Yes / No	Yes / No
_____	Male / Female	___ / ___ / ___	Yes / No	Yes / No	Yes / No
_____	Male / Female	___ / ___ / ___	Yes / No	Yes / No	Yes / No
_____	Male / Female	___ / ___ / ___	Yes / No	Yes / No	Yes / No

**Please Complete Reverse Side**

## ST ANTHONY OF PADUA MISSION STATEMENT

St. Anthony of Padua is a rapidly growing Roman Catholic Parish community located in northwest Las Vegas, and an integral part of the Diocese of Las Vegas, Nevada. Within a casual atmosphere, we are a parish with developing resources from welcoming, enthusiastic, diverse, and generous parishioners. Our Community is committed to building a Christ-centered Catholic experience meeting the needs of all parishioners, with a strong focus on our youth, elderly and the disenfranchised, and reaching out to the surrounding community. As we continue to grow, we seek to occupy our own buildings for worship, education, fellowship, and community outreach.

❖ Please check each of the areas below that may be of interest to you or to a family member of about which you would like additional information. **Checking any area does not commit you to a particular activity.**

Interests

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lectors                           | <input type="checkbox"/> Ushers/Greeters       | <input type="checkbox"/> Eucharistic Ministers of the Homebound                       |
| <input type="checkbox"/> Eucharistic Ministers             | <input type="checkbox"/> Altar Servers         | <input type="checkbox"/> Music Ministry/Choirs,<br>Instrumentalists (Youth & Adults.) |
| <input type="checkbox"/> Catechist or Aide                 | <input type="checkbox"/> Youth Ministry        | <input type="checkbox"/> Adult Confirmation or RCIA/RCIC                              |
| <input type="checkbox"/> Respect Life                      | <input type="checkbox"/> Divine Mercy          | <input type="checkbox"/> Womens' Society/Arts & Craft                                 |
| <input type="checkbox"/> Knights of Columbus               | <input type="checkbox"/> Cub Scouts/Boy Scouts | <input type="checkbox"/> Liturgical Committee   |
| <input type="checkbox"/> Community Events                  | <input type="checkbox"/> Parish Council        | <input type="checkbox"/> Parish and Community Outreach Committee                      |
| <input type="checkbox"/> Other Interests or Talents: _____ |  |   |

❖ Our parish individuals and families often have special needs or concerns. Please indicate here any questions, concerns, or needs that you or a member of your family has with which St. Anthony Parish may be able to help. **All information is held in strictest confidence.**

Special Needs

- |   |   |                                      |                                    |
|---|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Anointing of the Sick          | <input type="checkbox"/> House Blessing | <input type="checkbox"/> Handicapped | <input type="checkbox"/> Homebound |
| <input type="checkbox"/> Other Needs or Concerns: _____ |   |                                      |                                    |

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**Thank you! Please return to the Parish Office.**