## ST. ANTHONY OF PADUA CHURCH - PARISH REGISTRATION

28 State Street, Troy, New York 12180

phone: (518) 273-8622 fax: (518) 273-2731

This information will be held in the strictest confidence for pastoral use only. Please print.

Local Residence Address:	Residence Address: Street		City		NY	Zip
Local Mailing Address: Street (if different)		P.O. Box	City		NY	Zip
Seasonal Mailing Address:	Street	P.O.Box	City		State	Zip
Home Phone:	listed Junlisted Cell Phone:	1	<b>,</b>	E-mail Address:		
Primary Household Languag		Other langua	Other languages spoken:			
Are you receiving offertory e	Are you receiving <i>The Evangelist?</i> (weekly diocesan newspaper) Yes / No					
Would you like to receive off	Would you like to receive <i>The Evangelist</i> ? (Subscription is \$15 per year.) Yes 1 No					
	on (Church name &. Location):				*	

Include all persons living in the household, students away at college and any Catholic for whom you have primary care responsibility who resides in a nursing home or other facility. Attach additional forms as needed to include all persons. The contact information (above) need only be filled out once.

Last Name	First Name		.Middle	Gender M / F	Date of Birth	Weekend Liturgy usually attended 4:30 Vigil 1 9:00 / 10:00 1 Noon / 5:30	
Religion (ifnot Catholic)	Baptized Yes / No	Reconciliation Yes / No	lst Communion Yes / No	Confirmation Yes / No	Marital Status Single / Married / Widowed / Separated / Divorced / Anulled		
Year of School completed	School attending I Residential Facility			House-bound? Yes / No	Do you need any special accommodations to attend services?		
Last Name	First Name		.Middle	Gender M / F	Date of Birth Weekend Liturgy usually attended 4:30 Vigil 1 9:00 / 10:00 1 Noon / 5:3		
Religion (ifnot Catholic)	Baptized Yes / No	Reconciliation Yes / No	lst Communion Yes / No	Confirmation Yes / No	Marital Status Single / Married / 'Widowed / Separated / Divorced / Anulled		
Year of School completed	School attending I Residential Facility			House-bound? Yes / No	Do you need any special accommodations to attend services?		
Last Name	First Name .1		.Middle	Gender M / F	Date of Birth	Weekend Liturgy usually attended 4:30 Vigil / 9:00 / 10:00 / Noon / 5:30	
Religion (ifnot Catholic)	Baptized Yes / No	Reconciliation Yes / No	lst Communion Yes / No	Confirmation Yes / No	Marital Status Single / Married / Widowed / Separated / Divorced / Anulled		
Year of School completed	School attending / Residential Facility			House-bound? Yes / No	Do you need any special accommodations to attend services?		

Please turn to the back of the form for volunteer opportunities & programming interests.

## St. Anthony's Church - Volunteer Opportunities

 $Please fill\ in\ a\ first\ name\ or\ initials\ in\ the\ boxes\ below\ in\ any\ areas\ household\ members\ are\ willing\ to\ serve..$ 

	Recently or currently serving.	Willing to serve.
Lector		
Eucharistic Minister		
Eucharistic Minister for home <i>I</i> senior housing visitation		
Altar Server		
Music - Vocal - choir		
Music - Instrumental		
Welcoming (Ushers & Greeters)		
Bereavement Ministry		
RCIA Sponsor		
Religious Education Teacher		

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$Are {\it there any other ministries}, programs {\it or events you feel we could incorporate into our parish life?}$					