

Sacred Heart REGISTRATION FORM

Date: _____

Family Name _____

Street _____

City _____ State _____ Zip _____

Sacred Heart
1432 River St.
Niagara, WI 54151
Phone: 715-251-3879
office.stanthonyniagara@gmail.com

Authorization to list family names addresses and home phones in parish directory? Yes No

| PLEASE PRINT | HEAD OF HOUSEHOLD | SPOUSE |
|---|---|---|
| Title (Circle One) | Mr. Mrs. Miss Ms. Dr. Other: _____ | Mr. Mrs. Miss Ms. Dr. Other: _____ |
| Name (First/Middle/Last) | | |
| Birthdate | | |
| Preferred name | | |
| Home Telephone | | |
| Work Phone | | |
| Cell Phone | | |
| E-mail Address | | |
| Best Way to Contact | <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text | <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text |
| Marital Status (check one) | <input type="checkbox"/> Married/ Catholic Ceremony <input type="checkbox"/> Married/ Other <input type="checkbox"/> Single <input type="checkbox"/> Other | <input type="checkbox"/> Married/ Catholic Ceremony <input type="checkbox"/> Married/ Other <input type="checkbox"/> Single <input type="checkbox"/> Other |
| Marriage Date | | |
| Maiden Name | | |
| Occupation | | |
| Employer | | |
| Religious Affiliation | <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other | <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other |
| Sacraments Received (mm/yyy or parish/city) | Baptism _____ Eucharist _____ Confirmation _____ | Baptism _____ Eucharist _____ Confirmation _____ |

Important! See back side to complete Member information

| PLEASE PRINT | CHILD | CHILD | CHILD |
|--|--------------------|--------------------|--------------------|
| Name (First/Middle/Last) | | | |
| Gender | | | |
| Birthdate | | | |
| Preferred name | | | |
| Current Grade | | | |
| Sacraments Received (mm/yyy or parish/city) | Baptism _____ | Baptism _____ | Baptism _____ |
| | Eucharist _____ | Eucharist _____ | Eucharist _____ |
| | Confirmation _____ | Confirmation _____ | Confirmation _____ |

| PLEASE PRINT | CHILD | CHILD | CHILD |
|--|--------------------|--------------------|--------------------|
| Name (First/Middle/Last) | | | |
| Gender | | | |
| Birthdate | | | |
| Preferred name | | | |
| Current Grade | | | |
| Sacraments Received (mm/yyy or parish/city) | Baptism _____ | Baptism _____ | Baptism _____ |
| | Eucharist _____ | Eucharist _____ | Eucharist _____ |
| | Confirmation _____ | Confirmation _____ | Confirmation _____ |

Are you new to the area? Yes No

Are you currently members of a different parish? Yes No

Are you presently attending Mass and receiving the Sacraments? Yes No

Place and Mass time you usually attend _____

Do you have any special needs with which we can help? _____

Is anyone in your home homebound? If yes, Name: _____

"I/We promise to walk faithfully with our fellow parishioners of St. Anthony Parish, to worship with them regularly and to make a commitment of stewardship to the parish community."

Signature (Head of Household) _____

Signature (Spouse) _____

| | |
|-----------------------------|----------------------------------|
| Env # _____ | Welcome <input type="checkbox"/> |
| CF <input type="checkbox"/> | GS <input type="checkbox"/> |