St. Anthony Catholic Church Registration Form

417 N. Main Street Davenport, Iowa 52801 563-322-3303



(Please print clearly in ink)

| How long have you (or your family |) been attending St. Anthony (| Church? | | | | |
|-----------------------------------|--------------------------------|---------------------|--------------------|----------|--|--|
| First Name: | Last Name: | Cell: | | | | |
| Spouse Name: | Last Name: | | | | | |
| Do you wish your phone number(s |) to be unlisted? NO YES | Note: We will not d | livulge an unliste | d number | | |
| Language: English Spanis | hOther: | | | | | |
| Your Occupation: | Spouse | Occupation: | | | | |
| Local Address: | | | | | | |
| | Street | City | State | Zip | | |
| Alternate Address: | | | | | | |
| | Street | City | State | Zip | | |
| Your Email Address: | | | | | | |
| Spouse Email Address: | | | | | | |

MORE TO COMPLETE ON THE BACK

| Family & Sacramental Information | First Name | Last Name | Gender M/F | Date of Birth | Catholic Y/N | Baptized Y/N | Eucharist Y/N | Penance Y/N | Confirmed Y/N | Married Y/N | |
|--|-----------------|--------------------|---------------|------------------|-----------------|--|------------------|----------------|------------------|----------------|--|
| You | | | | | | | | | | | |
| Spouse | | | | | | | | | | | |
| Child # 1 | | | | | | | | | | | |
| Child # 2 | | | | | | | | | | | |
| Child # 3 | | | | | | | | | | | |
| Child # 4 | | | | | | | | | | | |
| Others living in household | | | | | | | | | | | |
| Others living in household | | | | | | | | | | | |
| Marriage Information (If married) Wedding Date: Are you or your children in need of any sacraments? Name Name Sacrament needed | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name Sacrament needed Are you or anyone in your family in need of any assistance in learning more about getting your marriage validated, annulments, or other matters related to your life as a Catholic? YES NO We offer online giving as an option. It's convenient, saves time and saves on cost of envelopes and postage. | | | | | | | | | | | |
| Please select method of giving: Envelopes Online Giving | | | | | | | | | | | |
| I/We would I | ike to particip | ate in the followi | ng: (plea | se check | all that ap | oply and w | ve will be i | n touch w | ith you) | | |
| | ormation | | | - | | | | - | ucation clas | | |
| | rship | | | | | Children/Youth Religious Education Teacher | | | | | |
| | 1inister | Social Actio | | | | | | | ng the need | y) | |
| Altar Servers | | Adult Choir | | | | | | | | | |
| Parish Minist | ry | Other: | | | | | | | | | |

Return this Registration Form in one of the following ways...

- Mail to St. Anthony Church : 417 N. Main Street, Davenport, Iowa 52801
- Other off to the Church office M-F 8:00 a.m. to 4:00 p.m.
- Scan and Email to: davstanthony@diodav.org