

PARISH REGISTRATION (New Re-Registration)

Office Use Only—Envelope # _____

____ Holy Family Catholic Church, Williston ____ St. Anthony the Abbot Catholic Church, Inglis

Family (Last) Name: _____ Date: ____ / ____ / ____

Mailing Address: _____ **FL** _____
(city) (zip code)

Home Telephone Number: (____) _____ Business Number: (____) _____

Cell Number (optional): (____) _____ Would you use offering envelopes: ____ Yes ____ No

Marital Status: Married Separated Divorced Widowed Single

Family Members in home <small>(include last name if different)</small>	Date of Birth	Religion	Baptism Yes/ No	1st Eucharist Yes/ No	Confirmed Yes/ No	Grade	Faith Formation Needed? Yes/ No

(Turn card over to continue on the back)

Marriage Date: ____/____/____ Church: _____ Officiate: _____

Street Address: (IF different from mailing address): _____

____ Seasonal resident: Here from _____ to _____

Other address: _____

E-mail address: _____

Would you like to receive the St. Augustine Catholic Magazine? ____ Yes ____ No

Activities:

Write "A" by activities in which you are currently active; write "I" by those you are interested in.

(We will forward this information to the appropriate ministry leader)

_____ Lector	_____ Eucharistic Minister	_____ Catechist/ assist with Rel. Ed.
_____ Altar Server	_____ Fellowship Socials	_____ Visit sick/ homebound/ nursing homes
_____ Music Ministry	_____ Outreach/ Thrift Shop	_____ Bereavement/ Funeral Ministry
_____ Usher	_____ Stewardship/	_____ Liturgical Assistant (Altar linens)
_____ Other	_____ Fundraising	

Do you have a family member who is homebound or in a local care facility: ____ Yes ____ No

If yes, please state the individuals name and the name of the facility: _____

If you are registering with our parish for the first time, please be sure to notify your previous parish that you have registered with us.