


Anaconda Catholic Community Family Registration

Date: _____

Please check if you have a new address or phone #: _____

Last Name of Household: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone: _____ Email: _____

Do you currently receive offertory envelopes: _____ If no, would you like them: _____ If yes, _____ monthly, or _____ weekly envelopes.

Head of Household First Name/s	Head of Household Last Name	Marital Status	Gender	Date of Birth	Sacraments Received	Cell Phone	Email Address
					__Baptism __First Reconciliation __First Eucharist __Confirmation __Married by Catholic Priest or Deacon		
					__Baptism __First Reconciliation __First Eucharist __Confirmation __Married by Catholic Priest or Deacon		
Dependent Children (First and Last Names) Grade Gender Date of Birth							
					__Baptism __First Reconciliation __First Eucharist __Confirmation		
					__Baptism __First Reconciliation __First Eucharist __Confirmation		
					__Baptism __First Reconciliation __First Eucharist __Confirmation		
					__Baptism __First Reconciliation __First Eucharist __Confirmation		

Are the children enrolled in Religious Education and/or Youth Groups? _____ If not, would you like someone to contact you about enrollment? _____ What grade level? _____

Are any family members not Catholic who would like to become Catholic? Please name: _____ Contact #: _____

Are you or any members of your family homebound and would like to receive Communion on a regular schedule? _____ If yes, please list the names: _____