

# New Parishioner Registration

## St. Anthony - 804 Idaho St., Sharon, PA 16146

Phone: 724-981-3232 | www.SharonCatholic.org | E-mail: StJosephChurchOffice@gmail.com

<b>Family Last Name:</b> <input type="text"/>	<b>Congregation:</b> <input type="text"/>	<b>Main Phone Number:</b> <input type="text"/>	<b>Envelope#</b> <small>(Office Issued)</small> <input type="text"/>
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### Mailing Address:

<b>Country:</b> <input type="text" value="United States"/>	<b>Address Line 1:</b> <input type="text"/> <small>(House Number / Street)</small>	<b>Address Line 2 (if applicable):</b> <input type="text"/>
<b>City</b> <input type="text"/>	<b>State</b> <input type="text"/>	<b>Zip Code</b> <input type="text"/>

### Head of House 1

<b>Gender</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>Household Position</b> <input type="text" value="Head of Household"/>	<b>Participant Type:</b> <input type="text" value="New Member"/>		
<b>Email Address</b> <input type="text"/>	<b>Cell Number</b> <input type="text"/>				
<b>Prefix</b> <input type="text"/>	<b>Nickname</b> <input type="text"/>	<b>Middle Name</b> <input type="text"/>	<b>Maiden Name</b> <input type="text"/>	<b>Last Name</b> <input type="text"/>	<b>Suffix</b> <input type="text"/>
<b>Date of Birth</b> <input type="text"/>	<b>Marital Status</b> <input type="text"/>				

### Head of House 2

< Check if Heads are Married

<b>Gender</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>Household Position</b> <input type="text"/>	<b>Participant Type:</b> <input type="text" value="New Member"/>		
<b>Email Address</b> <input type="text"/>	<b>Cell Number</b> <input type="text"/>				
<b>Prefix</b> <input type="text"/>	<b>Nickname</b> <input type="text"/>	<b>Middle Name</b> <input type="text"/>	<b>Maiden Name</b> <input type="text"/>	<b>Last Name</b> <input type="text"/>	<b>Suffix</b> <input type="text"/>
<b>Date of Birth</b> <input type="text"/>	<b>Marital Status</b> <input type="text"/>				

### Family Member 3

<b>Gender</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>Household Position</b> <input type="text"/>	<b>Participant Type:</b> <input type="text" value="New Member"/>		
<b>Email Address</b> <input type="text"/>	<b>Cell Number</b> <input type="text"/>				
<b>Prefix</b> <input type="text"/>	<b>Nickname</b> <input type="text"/>	<b>Middle Name</b> <input type="text"/>	<b>Maiden Name</b> <input type="text"/>	<b>Last Name</b> <input type="text"/>	<b>Suffix</b> <input type="text"/>
<b>Date of Birth</b> <input type="text"/>	<b>Marital Status</b> <input type="text"/>				

Family Member 4

Gender	First Name	Household Position	Participant Type:		
<input type="text"/>	<input type="text"/>	Head of Household	New Member		
Email Address		Cell Number			
<input type="text"/>		<input type="text"/>			
Prefix	Nickname	Middle Name	Maiden Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Marital Status				
<input type="text"/>	<input type="text"/>				

Family Member 5

Gender	First Name	Household Position	Participant Type:		
<input type="text"/>	<input type="text"/>	Head of Household	New Member		
Email Address		Cell Number			
<input type="text"/>		<input type="text"/>			
Prefix	Nickname	Middle Name	Maiden Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Marital Status				
<input type="text"/>	<input type="text"/>				

Family Member 6

Gender	First Name	Household Position	Participant Type:		
<input type="text"/>	<input type="text"/>	Head of Household	New Member		
Email Address		Cell Number			
<input type="text"/>		<input type="text"/>			
Prefix	Nickname	Middle Name	Maiden Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Marital Status				
<input type="text"/>	<input type="text"/>				

Family Member 7

Gender	First Name	Household Position	Participant Type:		
<input type="text"/>	<input type="text"/>	Head of Household	New Member		
Email Address		Cell Number			
<input type="text"/>		<input type="text"/>			
Prefix	Nickname	Middle Name	Maiden Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Marital Status				
<input type="text"/>	<input type="text"/>				