St. Anthony Catholic Church P.O. Box 359 Browns Valley, MN 56219

Name:	DOB:/Religion:			
Spouse Name:	DOB:/Religion:			
Address:	Phone:			
Email:	Cell phones:			
Spouse: Baptism First Circle if applicable: Widowed D	-			
residence as their primary residence.	ng children over 18 in college or in military who claim your			
1. Name	DOB/ /Religion			
Circle Sacraments Rec'd:	Baptism First Communion Confirmation			
2. Name	DOB / / Religion			
Circle Sacraments Rec'd:	Baptism First Communion Confirmation			
3. Name	DOB/ /Religion			
Circle Sacraments Rec'd:	Baptism First Communion Confirmation			
4. Name	DOB / _ /Religion			
Circle Sacraments Rec'd:				
Circle and name anyone interested	I in a Liturgical Ministry: Faith Formation teacher/aide			
Altar Server Lector Eucharist M	Sinister Usher Home Communion Volunteer			