

ST. ALPHONSUS PARISH REGISTRATION FORM

Family Last Name _____ **Address** _____

City _____ Zip _____ - _____ Telephone _____

Status (circle one): Single Married Widowed Separated-Divorced Engaged

How would you like your mail addressed? _____

Church of previous membership _____

Catholic Head of Household (First Name) _____ Date of Birth _____

Baptized Yes No Name of Church _____ City/State _____

1st Communion Yes No Name of Church _____ City/State _____

Confirmed Yes No Name of Church _____ City/State _____

Occupation _____ Place of Employment _____

Business Telephone _____

Spouse (First Name) _____ Date of Birth _____

Maiden Name _____ Religion _____

Baptized Yes No Name of Church _____ City/State _____

1st Communion Yes No Name of Church _____ City/State _____

Confirmed Yes No Name of Church _____ City/State _____

Occupation _____ Place of Employment _____

Business Telephone _____

Church/Place of Marriage _____ City/State _____ Date _____

Notes: (Disability, Special Needs, etc.) _____

EMAIL ADDRESS: _____

OTHERS WITHIN THE HOUSEHOLD (Children 21 & under, elderly parents, etc.)

NAME LAST/FIRST/MIDDLE INITIAL	SEX	BIRTHDAY	SACRAMENTS RECEIVED (Yes/No/Date)			SCHOOL INFORMATION	
			BAPTISM Date	FIRST COMM Date	CONFIRM Date	NAME OF SCHOOL	GRADE