

# 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