

SAINT ALOYSIUS PARISH REGISTRATION FORM

New Registration Add or Change Information Remove from Parish Records
Envelope Number: _____ Registration Date: _____

Head of Household Information:

Mr. Ms. Miss Mr. & Mrs.
 Married Single Widowed Divorced Annulled Separated Remarried
Last Name: _____ First Name: _____ Suffix: _____
Maiden Name (if applicable): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Email: _____
Date of Birth: ____/____/____ Catholic: Yes No _____
Occupation: _____ Employer: _____

Talents or Expertise You Are Willing to Share: _____
Baptism Yes Date if Known: _____ Church: _____
1st Communion Yes Date if Known: _____ Church: _____
Confirmation Yes Date if Known: _____ Church: _____
Marriage Yes Date: _____ Church: _____

Spouse Information

Mr. Ms. Miss Mr. & Mrs.
 Married Single Widowed Divorced Annulled Separated Remarried
Last Name: _____ First Name: _____
Suffix: _____
Maiden Name (if applicable): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Email: _____
Date of Birth: ____/____/____ Catholic: Yes No _____
Occupation: _____ Employer: _____

Talents or Expertise You Are Willing to Share: _____
Baptism Yes Date if Known: _____ Church: _____
1st Communion Yes Date if Known: _____ Church: _____
Confirmation Yes Date if Known: _____ Church: _____
Marriage Yes Date: _____ Church: _____

Church Attendance

Head of Household: Regular Attendance Occasional Attendance Does Not Attend
Spouse: Regular Attendance Occasional Attendance Does Not Attend

Are there any special needs in household? _____

← ← ← ← (over) → → → →

other members in your household

Last Name: _____ First Name: _____ Suffix: _____
Relationship: Son Daughter _____ School Attending: _____
Date of Birth: ____/____/____ Catholic: Yes No _____
Baptism Yes Date if Known: _____ Church: _____
1st Communion Yes Date if Known: _____ Church: _____
Confirmation Yes Date if Known: _____ Church: _____
Marriage Yes Date: _____ Church: _____

Last Name: _____ First Name: _____ Suffix: _____
Relationship: Son Daughter _____ School Attending: _____
Date of Birth: ____/____/____ Catholic: Yes No _____
Baptism Yes Date if Known: _____ Church: _____
1st Communion Yes Date if Known: _____ Church: _____
Confirmation Yes Date if Known: _____ Church: _____
Marriage Yes Date: _____ Church: _____

Last Name: _____ First Name: _____ Suffix: _____
Relationship: Son Daughter _____ School Attending: _____
Date of Birth: ____/____/____ Catholic: Yes No _____
Baptism Yes Date if Known: _____ Church: _____
1st Communion Yes Date if Known: _____ Church: _____
Confirmation Yes Date if Known: _____ Church: _____
Marriage Yes Date: _____ Church: _____

Last Name: _____ First Name: _____ Suffix: _____
Relationship: Son Daughter _____ School Attending: _____
Date of Birth: ____/____/____ Catholic: Yes No _____
Baptism Yes Date if Known: _____ Church: _____
1st Communion Yes Date if Known: _____ Church: _____
Confirmation Yes Date if Known: _____ Church: _____
Marriage Yes Date: _____ Church: _____

Last Name: _____ First Name: _____ Suffix: _____
Relationship: Son Daughter _____ School Attending: _____
Date of Birth: ____/____/____ Catholic: Yes No _____
Baptism Yes Date if Known: _____ Church: _____
1st Communion Yes Date if Known: _____ Church: _____
Confirmation Yes Date if Known: _____ Church: _____
Marriage Yes Date: _____ Church: _____
