

REGISTRATION FORM

St. Alphonsus Liguori Catholic Church

14040 Greenwell Springs Rd. Greenwell Springs, LA 70739
Ph: 225.261.4650 Fax: 225.261.5650
www.alphonsus.org

Office Use Only

Family # _____
Date Registered _____
Area _____

(PLEASE PRINT) Title (Circle One) Mr/Mrs Mr Mrs Ms Miss Other _____

Family Name LAST Name _____ FIRST Name _____ Spouse _____

P.O. Box _____ Street Address _____ City/State/Zip _____
(required)

Home Phone () _____ Unlisted: Y N Subdivision _____

His wk ph() _____ His cell ph() _____ Her wk ph() _____ Her cell ph() _____

Marital Status (Circle One) Single Married Separated Divorced Widowed Marriage Date _____

Where Married (Circle one) Catholic Church Other Church Civil Ceremony Other _____

His E-mail Address _____ Her E-mail address _____

Bulletin by E-mail ONLY: (His) _____ (Hers) _____ (Both) _____

PLEASE PROVIDE MEMBER INFORMATION AND A FAMILY PHOTO FOR OUR CHURCH FILES

| | HEAD | SPOUSE | CHILDREN - currently living in household | | | OTHER |
|-----------------------------|------|--------|--|-----|-----|-------|
| FIRST NAME | | | 1 | 2 | 3 | |
| LAST NAME (if different) | | | | | | |
| MAIDEN NAME (Spouse) | | | | | | |
| RELIGION | | | | | | |
| HANDICAP-Special Needs | | | | | | |
| OCCUPATION | | | | | | |
| EMPLOYER OR SCHOOL | | | | | | |
| GRADE | | | | | | |
| SEX | M F | M F | M F | M F | M F | M F |
| BIRTHDATE (M/D/Y) | | | | | | |
| BAPTISM | Y N | Y N | Y N | Y N | Y N | Y N |
| RECONCILIATION | Y N | Y N | Y N | Y N | Y N | Y N |
| FIRST COMMUNION | Y N | Y N | Y N | Y N | Y N | Y N |
| CONFIRMATION | Y N | Y N | Y N | Y N | Y N | Y N |
| PREVIOUS PARISH | | | | | | |
| MINISTRY INVOLVEMENT | | | | | | |
| PREVIOUS PARISH | | | | | | |
| MINISTRY INVOLVEMENT | | | | | | |
| PREVIOUS PARISH | | | | | | |
| MINISTRY INVOLVEMENT | | | | | | |