

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 _____

Choose one only: Bulletin to be received by: U.S. Mail _____ E-mail (address) _____

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						