



SAINT ALPHONSUS LIGUORI PARISH

Loved and Called by God

St. Alphonsus Liguori Parish
411. N. Wheeling Road
Prospect Heights, IL 60070
847.255.7452 - Telephone
847.255.7520—Fax
Rev. Curtis A. Lambert, Pastor
<http://www.saintalphonsusph.org>

New Parishioner/Re-Registration Form

Thank you for registering and
Welcome to our community!

Office Use Only

Date Registered _____

Envelope No. _____

Faith Formation _____

School _____

Please complete the applicable information and return to the parish office, school office, collection basket or send as an attachment to stalphonsusrectory@hotmail.com.

Last Name: _____ First Name: _____

Spouse _____ Mr. & Mrs. Ms, Miss, Dr., Dr./Mrs., Dr./Mr.

Address _____ City _____ Zip _____

Phone # (____) _____ Unlisted? _____

Business Phone# (Husband) _____ (Wife) _____

Home Email (Husband) _____ (Wife) _____

Work Email (Husband) _____ (Wife) _____

Children at home? Yes _____ How many? _____ No _____

Marital Status: Church Marriage, Married, Single, Widowed, Separated, Divorced, Annulled

| | Head of Household | Spouse | Other/Child | Child | Child |
|----------------------------------|-------------------|--------|-------------|-------|-------|
| First Name | | | | | |
| Maiden Name for Wife | | | | | |
| Marital Status | | | | | |
| Religion | | | | | |
| Languages Spoken | | | | | |
| Occupation | | | | | |
| Special Needs | | | | | |
| School Family? Yes or no | | | | | |
| Religious Education? Yes or no | | | | | |
| Male or Female | | | | | |
| Birthdate (mo/day/year) | | | | | |
| Sacraments received: Year | | | | | |
| Baptism | | | | | |
| Reconciliation | | | | | |
| First Communion | | | | | |
| Confirmation | | | | | |
| Marriage | | | | | |

Office Use: _____ Initial Card _____ Welcome Packet sent _____ Would like an ambassador _____ Prev.reg

_____ Envelopes _____ e-giving

July, 2015