

**St. Alphosa Catholic Church - Family Registration Form**

**(Please print all information in CAPITAL LETTERS/ UPPER CASE ONLY)**

**General Information**

	First Name	Last Name	Family Name
<b>Head of the Family</b>			
Envelope Number (to be assigned on receipt of the Registration Form)			

Mailing Name (If different from above) \_\_\_\_\_

<b>Mailing Address:</b>			
<b>Home Phone Number:</b>		<b>Cell Phone Number:</b>	
<b>Emergency Phone Number:</b>		<b>Email address:</b>	

**Family Members**

	Spouse	Children	Children	Children
<b>First Name (required)</b>				
<b>Middle Name (required)</b>				
<b>Last Name (required)</b>				
<b>Gender- Son/daughter (required)</b>				

**Personal Information (optional)**

Date of Birth (optional)				
Place of Birth (optional)				
Married (optional)				
Date of Marriage (optional)				
Current School/ College (optional)				
Grade/Program (optional)				
Graduation Year (optional)				

**Sacramental Information (Please complete this section answering Yes/No, The Year Sacrament Received and Name of Parish )**

<b>Baptism</b>	...../...../.....	...../...../.....	...../...../.....	...../...../.....
<b>Reconciliation</b>	...../...../.....	...../...../.....	...../...../.....	...../...../.....
<b>First Communion</b>	...../...../.....	...../...../.....	...../...../.....	...../...../.....
<b>Confirmation</b>	...../...../.....	...../...../.....	...../...../.....	...../...../.....
<b>Religious Education</b>				
<b>Name of Previous Parish</b>				

**Additional Family Members (Parents or Relatives living with you)**

	Father	Mother	Other Members	Other Members	Other Members
<b>First Name</b>					
<b>Middle Name</b>					
<b>Last Name</b>					

**Volunteering (if you are interested in volunteering church activities please complete the section below)**

Music Ministry ( Choir)				
Altar Service				
Lector( Gospel Reading)				
Liturgical Ministry				
Eucharistic Ministry				
Religious Education				
Housekeeping Services				
Church/Premises Maintenance				
Parish Committees				
Other Parish Organizations				

Date of Application ..... Signature: .....

**For office use only**

Date Received ..... Accepted by: ..... Entered by: .....  
 Parish ID Number .....

**Please bring the completed Family Registration Form to the office Or mail to:**

St. Alphonsa Catholic Church  
 4561 Rosebud Road,  
 Loganville, GA 30052

**Visit our Parish website**  
[www.stalphonsacatholicchurch.org](http://www.stalphonsacatholicchurch.org)