

St. Alphonsa Catholic Church - Family Registration Form

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

General Information

| | | | |
|--|------------|-----------|-------------|
| | First Name | Last Name | Family Name |
| Head of the Family | | | |
| Envelope Number (to be assigned on receipt of the Registration Form) | | | |

Mailing Name (If different from above) _____

| | | | |
|--------------------------------|--|---------------------------|--|
| Mailing Address: | | | |
| Home Phone Number: | | Cell Phone Number: | |
| Emergency Phone Number: | | Email address: | |

Family Members

| | | | | |
|--|--------|----------|----------|----------|
| | Spouse | Children | Children | Children |
| First Name (required) | | | | |
| Middle Name (required) | | | | |
| Last Name (required) | | | | |
| Gender- Son/daughter (required) | | | | |

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)

| | | | | |
|--------------------------------|-------------------|-------------------|-------------------|-------------------|
| Baptism |/...../..... |/...../..... |/...../..... |/...../..... |
| Reconciliation |/...../..... |/...../..... |/...../..... |/...../..... |
| First Communion |/...../..... |/...../..... |/...../..... |/...../..... |
| Confirmation |/...../..... |/...../..... |/...../..... |/...../..... |
| Religious Education | | | | |
| Name of Previous Parish | | | | |

Additional Family Members (Parents or Relatives living with you)

| | | | | | |
|--------------------|--------|--------|---------------|---------------|---------------|
| | Father | Mother | Other Members | Other Members | Other Members |
| First Name | | | | | |
| Middle Name | | | | | |
| Last Name | | | | | |

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