



ST. ALPHONSUS PARISH & SCHOOL

5960 West Loomis Road • Greendale, WI 53129-1824

New Membership Form

Welcome to St. Alphonsus! We are excited you have decided to join us as registered parishioners. Please fill out the information below so we can be in contact with you! Please send completed form to stals@st-alphonsus.org.

FAMILY INFORMATION

Family Last Name: _____ Home Phone: _____

Address: _____ City: _____

ZIP: _____ Church of Previous Membership: _____

Marital Status: Single Married Widowed Separated/Divorced Engaged

Church/Place of Marriage: _____ City/State: _____ Date: _____

MEMBER INFORMATION

Catholic Head of Household

First Name: _____ Maiden Name: _____ DOB: _____

Cell Phone: _____ Email: _____

Occupation: _____ Employer: _____

Sacraments:

Baptized: Name of Church _____ City/State _____

First Communion: Name of Church _____ City/State _____

Confirmed: Name of Church _____ City/State _____

Spouse

First Name: _____ Maiden Name: _____ DOB: _____

Cell Phone: _____ Email: _____

Occupation: _____ Employer: _____

Sacraments:

Baptized: Name of Church _____ City/State _____

First Communion: Name of Church _____ City/State _____

Confirmed: Name of Church _____ City/State _____

Please see backside for additional family members

FOR OFFICE USE:

Date Registered _____ Envelope Number _____ PDS ____ Packet ____ CC _____

ADDITIONAL MEMBERS – Children under 21, elderly parents, etc.

Member 3:

First Name: _____ **Sex:** _____ **DOB:** _____

School: _____ **Grade:** _____

Sacraments:

Baptized: Name of Church _____ City/State _____

First Communion: Name of Church _____ City/State _____

Confirmed: Name of Church _____ City/State _____

Member 4:

First Name: _____ **Sex:** _____ **DOB:** _____

School: _____ **Grade:** _____

Sacraments:

Baptized: Name of Church _____ City/State _____

First Communion: Name of Church _____ City/State _____

Confirmed: Name of Church _____ City/State _____

Member 5:

First Name: _____ **Sex:** _____ **DOB:** _____

School: _____ **Grade:** _____

Sacraments:

Baptized: Name of Church _____ City/State _____

First Communion: Name of Church _____ City/State _____

Confirmed: Name of Church _____ City/State _____

Member 6:

First Name: _____ **Sex:** _____ **DOB:** _____

School: _____ **Grade:** _____

Sacraments:

Baptized: Name of Church _____ City/State _____

First Communion: Name of Church _____ City/State _____

Confirmed: Name of Church _____ City/State _____

ADDITIONAL INFORMATION: Anything else we should know – special needs, areas of interest, etc.

