

## **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 <a href="mailto:stals@st-alphonsus.org">stals@st-alphonsus.org</a>.

Family Last Name:			
	Home Phone:		
Address:	City:		
ZIP: Church of Previous Membersh	nip:		
Marital Status: Single Married	Widowed Se	eparated/Divorced	Engaged
Church/Place of Marriage:	City/State:		Date:
MEMBER INFORMATION			
Catholic Head of Household			
	Maidon Nomes		DOR.
First Name:			
Cell Phone:			
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	

## **FOR OFFICE USE:** Date Registered \_\_\_\_\_ Envelope Number \_\_\_\_ PDS \_\_\_ Packet \_\_\_ CC \_\_\_\_ **ADDITIONAL MEMBERS** – Children under 21, elderly parents, etc. Member 3: First Name: \_\_\_\_\_\_ 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: \_\_\_\_\_\_ DOB: \_\_\_\_\_ Grade: School: Sacraments: Baptized: Name of Church \_\_\_\_\_ City/State \_\_\_\_\_ First Communion: Name of Church City/State Confirmed: Name of Church City/State Member 5: First Name: \_\_\_\_\_\_ DOB: \_\_\_\_\_ 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: \_\_\_\_\_\_ 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.