

# REGISTRATION FORM

## *St. Alphonsus Liguori Catholic Church*

14040 Greenwell Springs Rd. Greenwell Springs, LA 70739  
Ph: 225.261.4650 Fax: 225.261.5650  
[www.st-alphonsus.net](http://www.st-alphonsus.net)

† Office Use Only †

Family # \_\_\_\_\_

Date Registered \_\_\_\_\_

Area \_\_\_\_\_

(PLEASE PRINT) Title (Circle One) Mr/Mrs Mr Mrs Ms Miss Other \_\_\_\_\_

Family Name LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Spouse \_\_\_\_\_

P.O. Box \_\_\_\_\_ Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(required)

Home Phone ( ) \_\_\_\_\_ Unlisted: Y N Subdivision \_\_\_\_\_

His wk ph( ) \_\_\_\_\_ His cell ph( ) \_\_\_\_\_ Her wk ph( ) \_\_\_\_\_ Her cell ph( ) \_\_\_\_\_

Marital Status (Circle One) Single Married Separated Divorced Widowed Marriage Date \_\_\_\_\_

Where Married (Circle one) Catholic Church Other Church Civil Ceremony Other \_\_\_\_\_

His E-mail Address \_\_\_\_\_ Her E-mail address \_\_\_\_\_

Choose one only: Bulletin to be received by: U.S. Mail \_\_\_\_\_ E-Mail (address) \_\_\_\_\_

### MEMBER INFORMATION

	HEAD	SPOUSE	CHILDREN (only those living in the household)			OTHER
FIRST NAME			1	2	3	
LAST NAME (if different)						
MAIDEN NAME (Spouse)						
RELIGION						
HANDICAP-Special Needs						
OCCUPATION						
EMPLOYER OR SCHOOL						
GRADE						
SEX	M F	M F	M F	M F	M F	M F
BIRTHDATE (M/D/Y)						
BAPTISM	Y N	Y N	Y N	Y N	Y N	Y N
PENANCE (1st Confession)	Y N	Y N	Y N	Y N	Y N	Y N
FIRST COMMUNION	Y N	Y N	Y N	Y N	Y N	Y N
CONFIRMATION	Y N	Y N	Y N	Y N	Y N	Y N
MINISTRY INTEREST						
MINISTRY INTEREST						
MINISTRY INTEREST						