## ST. ALOYSIUS R.C. CHURCH

Please print clearly and completely fill in the form

Parish Registration								Date:								
Family Name (Last Name)								(First Name)								
Marital Status:	Mar	ried:		Never N	⁄lar	ried: 🗖	] [	Divorc	ed: 🗖	3	Wido	wed: 🔲				
Spouse (Last Name)									(First Name):							
Address:C								ity:					Zip:			
Home Phone: (		)				_ Primar	y La	nguag	ge: Eng	glish	: 🗖	Spanish		Oth	ner: 🔲	
Cell Phone: (	) _			·	_	Spous	e Ph	one:	(	_) _				_		
E-mail:						Sp	ous	e E-m	ail:							
Adults							CI	IRCLE	ONE	C	IRCLE	ONE	CIR	RCLE	ONE	
Name (First name only)	IVI/F		Re	eligion		Date of Birth		Baptized		Communion			Confirmation			
							Yes	s <b>r</b>	No	Yes	S	No	Yes		No	
							Yes	s 1	No	Yes	5	No	Yes		No	
*** If any adult th	nat ha	s not	rec	eived their	Sa	crament	s bu	ıt wish	es to d	do so	o, plea	se check	here		1	
Children CIRCLE ONE CIRCLE C												LE ONE	CI	RCL	E ONE	
Name (First name only)		M/F		Religion		Date of Birth		Baptized		Communion			Confirmation			
								Yes	No		Yes	No	Y	es	No	
								Yes	No		Yes	No	Y	es	No	
								Yes	No		Yes	No	Y	es	No	
								Yes	No		Yes	No	Y	'es	No	

## Please check all that may be of interest to you or a family member.

## **Liturgical Ministries** \_\_Lector {Reader at Mass) \_\_\_Minister of Hospitality (Usher at Mass) \_\_\_Altar Server \_\_Extraordinary Minister of Holy Communion \_\_\_Ministry to the sick \_\_\_Nursing Home Ministry **Faith Formation** \_\_\_Religious Education Catechist \_\_Rite of Christian Initiation of Adults (RCIA) Circle: Sponsor or Catechist \_\_\_Adult Faith Formation Society of St. Vincent De Paul \_\_\_Active Membership \_\_\_Associate Member (Food Pantry) \_\_\_Food Pantry Volunteer (Helper) Choir \_\_\_Saturday @ 5:00 PM Mass Sunday @ 11:00 AM Mass **Spanish Community** \_\_\_Charismatic Prayer and Bible Study Group