ST. ALOYSIUS R.C. CHURCH

PARISH REGISTRATION

DATE
The state of the s

Please <u>Artist</u> all information

Family Name (Last Name)	Annual Principal State of Market Parkets (NAT - Type Assessment State Parkets)	(First Name)							
arital Status: Married Never Married Divorced				\	Widowed				
Spouse (Last Name)	(First Name)								
Address			City		Zip Cod	e			
Home Phone ()_	ong tidangga ang anamatin peruntuk ang dangga peruntuk anamat na pengangga at dara merint	and the state of t	_Primary language	(Eng)	(Sp)	(other)			
Cell Phone # ()			_Spouse Cell # ()					
E-Mail			Spouse E-N	∕Iail					
Adults									
Name (First Name Only)	M/F	Religion	Date of Birth	Baptized	Communion	Confirmed			
(you)				Yes or No	Yes or No	Yes or No			
(spouse)				Yes or No	Yes or No	Yes or No			

If any adult that has not received their Sacraments but wishes to do so, please check here _____

Children

Last Name	First Name	M/F	Religion	Date of Birth	Baptized	Communion	Confirmed
					Yes or No	Yes or No	Yes or No
					Yes or No	Yes or No	Yes or No
					Yes or No	Yes or No	Yes or No
					Yes or No	Yes or No	Yes or No

^{****}Please see reverse side for a list of the ministries available for you join

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