



# SAINT ALPHONSUS LIGUORI PARISH

*Loved and Called by God*

St. Alphonsus Liguori Parish  
411. N. Wheeling Road  
Prospect Heights, IL 60070  
847.255.7452 - Telephone  
847.255.7520—Fax  
Rev. Curtis A. Lambert, Pastor  
<http://www.saintalphonsusph.org>

## New Parishioner/Re-Registration Form

Thank you for registering and  
Welcome to our community!

### Office Use Only

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

Envelope No. \_\_\_\_\_

Faith Formation \_\_\_\_\_

School \_\_\_\_\_

Please complete the applicable information and return to the parish office, school office, collection basket or send as an attachment to [stalphonsusrectory@hotmail.com](mailto:stalphonsusrectory@hotmail.com).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse \_\_\_\_\_ Mr. & Mrs. Ms, Miss, Dr., Dr./Mrs., Dr./Mr.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Unlisted? \_\_\_\_\_

Business Phone# (Husband) \_\_\_\_\_ (Wife) \_\_\_\_\_

Home Email (Husband) \_\_\_\_\_ (Wife) \_\_\_\_\_

Work Email (Husband) \_\_\_\_\_ (Wife) \_\_\_\_\_

Children at home? Yes \_\_\_\_\_ How many? \_\_\_\_\_ No \_\_\_\_\_

Marital Status: Church Marriage, Married, Single, Widowed, Separated, Divorced, Annulled

	Head of Household	Spouse	Other/Child	Child	Child
First Name					
Maiden Name for Wife					
Marital Status					
Religion					
Languages Spoken					
Occupation					
Special Needs					
School Family? Yes or no					
Religious Education? Yes or no					
Male or Female					
Birthdate (mo/day/year)					
<b>Sacraments received: Year</b>					
Baptism					
Reconciliation					
First Communion					
Confirmation					
Marriage					

Office Use: \_\_\_\_\_ Initial Card \_\_\_\_\_ Welcome Packet sent \_\_\_\_\_ Would like an ambassador \_\_\_\_\_ Prev.reg  
\_\_\_\_\_ Envelopes \_\_\_\_\_ e-giving

July, 2015