



# 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.saintalphonsus.com>

## UPDATE INFORMATION FORM

### Office Use Only

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

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

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

School \_\_\_\_\_

Please UPDATE 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					
St. Alphonsus Faith Formation.					
Male or Female					
Birthdate (mo/day/year)					
<b>Sacraments received: Add year</b>					
Baptism					
Reconciliation					
First Communion					
Confirmation					
Marriage					

Office Use: \_\_\_\_\_ Envelopes \_\_\_\_\_ e-giving \_\_\_\_\_ PDS