SAINT ALPHONSUS LIGUORI PARISH

Loved and Called by God

Office Use Only

Date Registered _____

Envelope No. _____

Faith Formation_____

School_____

St. Alphonsus Liguori Parish
411. N. Wheeling Road
Prospect Heights, IL 60070
847.255.7452 - Telephone
847.255.7520—Fax
Rev. Joseph N. Le, Pastor
http://www.SaintAlphonsusPH.org

Updated January, 2022

Please complete and return to the parish office, school office, collection basket or send as an attachment to w.mattison@saintalphonsus.com.

Last Name: _____First Name:_____

Spouse _____ Mr.& Mrs. Ms, Miss, Dr., Dr./Mrs., Dr./Mr.

Address _____City _____Zip _____

Phone # (_____)_____ Unlisted? _____ **By providing your email you are agreeing to receive only church community communication emails. Saint Alphonsus Agrees to keep your contact information CONFIDENTIAL.*

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)					
Sacraments received: Add year					
Baptism (year)					
Reconciliation (year)					
First Communion (year)					
Confirmation (year)					
Marriage (year)					

Office Use: ____Initial Card _____Welcome Packet sent _____Prev.reg _____ Envelopes _____Online giving