St. Aloysius Parish

Family Registration Form

Office Use Only: **Env #:**_____ **Entered By:**_____ **Date Entered:**_____

Family Last Name (Please Print):	**Home Street Address:**					**City & State:**	**Zip:**
Home Phone: ( )	**How would you like your mail to be addressed?** (circle one)	**Mr. & Mrs.**	**Mr.**	**Mrs.**	**Ms.**	**Miss**	**Other:**
Would you like to receive Contribution Envelopes? Yes or No			**Marital Status:** (Please Circle)	Single	Married	Divorced	Separated Widowed
If Married:	**Marriage Date:**	**Church:**		**City:**		**Catholic Ceremony?** Yes No	

Male Head of House

Name: _____
First Middle Initial

Suffix (Circle if used): Jr., Sr., II, III, Other:_____

Preferred Name to be called:_____

Title (circle one): Mr. Dr. Other: _____

Date of Birth: _____ **Religion:** _____

Occupation/Job Title (optional):_____

Employer (optional): _____

Work PH (optional): (____) _____ **Cell:** (____) _____

E-Mail: _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ **Place of Baptism:** _____

Female Head of House

Name: _____
First Middle Initial

Preferred Name to be called:_____

Last Name (if different from family name): _____

Maiden Name (if married):_____

Title (circle one): Mrs. Ms. Miss Dr. Other: _____

Date of Birth: _____ **Religion:** _____

Occupation/Job Title (optional): _____

Employer (optional): _____

Work PH (optional): (____) _____ **Cell:** (____) _____

E-Mail: _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ **Place of Baptism:** _____

For Children in the family: Please complete the "Child" section below. Please list children away at college. Children 24 years or older are encouraged to register on their own as an individual parish family. For additional "Child" spaces, please use a separate piece of paper and return it with your family form.

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ **Lives at home** (Yes or No): _____

Date of Birth: _____ **Religion:** _____

Current School: _____ **Current Grade:** _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ **Place of Baptism:** _____

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ **Lives at home** (Yes or No): _____

Date of Birth: _____ **Religion:** _____

Current School: _____ **Current Grade:** _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ **Place of Baptism:** _____

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ **Lives at home** (Yes or No): _____

Date of Birth: _____ **Religion:** _____

Current School: _____ **Current Grade:** _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ **Place of Baptism:** _____

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ **Lives at home** (Yes or No): _____

Date of Birth: _____ **Religion:** _____

Current School: _____ **Current Grade:** _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Baptism Date: _____ **Place of Baptism:** _____

Comments: _____

_____

_____

_____

_____

Thank you for completing your family registration form. If you should have further questions, or need additional information about the parish, please contact the Parish Office at 419-352-4195.

Our mailing address is:
P.O. BOX 485
Bowling Green, Ohio 43402