

# St. Aloysius Parish

## Family Registration Form

*Office Use Only:* Env #: \_\_\_\_\_ or Elec. Giving \_\_\_\_\_ Entered By: \_\_\_\_\_ Date Entered: \_\_\_\_\_

<b>Family Last Name</b> (Please Print): _____		<b>Home Street Address:</b> _____					<b>City &amp; State:</b> _____		<b>Zip:</b> _____
<b>Home Phone:</b> ( ) ( )	<b>How would you like your mail to be addressed?</b> (circle one)	<b>Mr. &amp; Mrs.</b>	<b>Mr.</b>	<b>Mrs.</b>	<b>Ms.</b>	<b>Miss</b>	<b>Other</b>	<b>Church you are transferring from: (church, city, state)</b>	
<b>Would you like to receive Contribution Envelopes OR participate in Electronic Giving?</b>		<b>Circle one:</b> Contribution envelope      Electronic Giving Nothing at this time				<b>Marital Status:</b> Single   Married   Divorced   Separated   Widowed (Please Circle)			
<b>If Married:</b>	<b>Marriage Date:</b> _____	<b>Church:</b> _____				<b>City/State:</b> _____		<b>Catholic Ceremony?</b> Yes      No	

### Male Head of House

**Name:** \_\_\_\_\_  
First Middle Initial

**Preferred Name to be called:** \_\_\_\_\_

**Suffix** (Circle if used): Jr., Sr., II, III, Other: \_\_\_\_\_

**Title** (circle one): Mr.      Other: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Yes or No:** Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

**Baptism Date:** \_\_\_\_\_ **Place of Baptism:** \_\_\_\_\_  
church, city, state

**Occupation/Job Title (optional):** \_\_\_\_\_

**Employer (optional):** \_\_\_\_\_

**Work PH (optional):** ( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Talents/Hobbies:** \_\_\_\_\_

### Female Head of House

**Name:** \_\_\_\_\_  
First Middle Initial

**Preferred Name to be called:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_  
(if different from family name) (if married)

**Title** (circle one): Mrs.   Ms.   Miss   Other: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Yes or No:** Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

**Baptism Date:** \_\_\_\_\_ **Place of Baptism:** \_\_\_\_\_  
church, city, state

**Occupation/Job Title (optional):** \_\_\_\_\_

**Employer (optional):** \_\_\_\_\_

**Work PH (optional):** ( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Talents/Hobbies:** \_\_\_\_\_

**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:** \_\_\_\_\_  
church,city,state

**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:** \_\_\_\_\_  
church,city,state

**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:** \_\_\_\_\_  
church,city,state

**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:** \_\_\_\_\_  
church,city,state

**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

