St. Alphonsus Parish Registration

224 Carrier, NE Grand Rapids, MI

www.stalphonsusgr.org

_____
Assigned Envelope #
(office use)

Please print

NAME: _____
(last) (first) (middle)

ADDRESS: _____ DATE: _____
(number) (street) (apt #)

_____ PHONE: _____
(city) (state) (zip)

Spouse Name: _____ Married by a Priest: _____yes _____no

Previous Parish: _____ E-Mail _____

Occupation and Place of Employment: _____

Occupation and Place of Employment: (Spouse) _____

All Family Members		Gender	Birth	Catholic	Baptism	First Communion	Confirmation	School	Marital	Mass	Work
First Name	Middle	Male or Female	Date	Yes/No	Yes/No or Date	Yes/No or Date	Yes/No or Date	Highest Grade Completed	**M**arried **S**ingle **D**ivorced **W**idow(er) Circle	**R**egularly **N**ever **O**ccasiona **S**eldom Circle	**F**ull-time **P**art-time **U**nemployed **S**tudent Circle
									M S P D W	R N O S	F P U S
									M S P D W	R N O S	F P U S
									M S P D W	R N O S	F P U S
									M S P D W	R N O S	F P U S
									M S P D W	R N O S	F P U S
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									M S P D W	R N O S	F P U S