

WELCOME TO ST. ALBERT CATHOLIC CHURCH

Please fill in this card and place it in the offertory Basket

(Please see other side of this card)

New Parishioners

I want to receive offertory envelopes

Change of Address, Name, Status, etc.

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE () _____

CELLPHONE () _____

(OPTIONAL BUT PREFERENTLY)

E-MAIL _____

(OPTIONAL BUT PREFERENTLY)

FORMER CHURCH: _____

CITY: _____

STATE: _____

DATE OF REGISTRATION: _____

THANK YOU FOR CELEBRATING WITH US

PEACE BE WITH YOU

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ST. ALBERT CATHOLIC CHURCH REGISTRATION FORM

FAMILY NAME _____

HEAD OF HOUSEHOLD: _____ RELIGION: _____

DATE OF BIRTH: _____ STATUS: _____

(CHURCH MARRIED, WIDOWED, DIVORCED, SEPARATED, ETC.)

DATE OF BAPTISM: _____ CHURCH: _____ CITY: _____

SPOUSE: _____ RELIGION: _____

DATE OF BIRTH: _____ DATE OF MARRIAGE: _____

DATE OF BAPTISM: _____ CHURCH: _____ CITY: _____

CHILDREN OF FAMILY AT HOME:

1.- _____ DATE OF BIRTH: _____

BAPTISM: _____ CONFIRMATION: _____ FIRST COMMUNION: _____

2.- _____ DATE OF BIRTH: _____

BAPTISM: _____ CONFIRMATION: _____ FIRST COMMUNION: _____

3.- _____ DATE OF BIRTH: _____

BAPTISM: _____ CONFIRMATION: _____ FIRST COMMUNION: _____

4.- _____ DATE OF BIRTH: _____

BAPTISM: _____ CONFIRMATION: _____ FIRST COMMUNION: _____

ST. ALBERT CATHOLIC CHURCH REGISTRATION FORM

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BAPTISM: _____ CONFIRMATION: _____ FIRST COMMUNION: _____

4.- _____ DATE OF BIRTH: _____

BAPTISM: _____ CONFIRMATION: _____ FIRST COMMUNION: _____