

JOIN US

Thank you for your interest in becoming a parishioner at **St. Alphonsus Parish**.

Please fill out the registration form below and return to the parish office or give to an usher.

5816 15th Ave. NW, Seattle, WA 98107 T: 206-784-6464 F: 206-789-5709 E: lscholz@stalseattle.org

Family Last Name _____

Home Address _____ **City** _____ **Zip** _____

Phone _____ **Cell** _____

Email _____ or _____

Marital Status (please check one)

Married in Catholic Church Date _____
 Married, but not in Catholic Church Date _____
 Divorced Date _____
 Separated
 Widowed/Widower
 Single

SACRAMENTAL INFO OF FAMILY AND OTHERS LIVING IN SAME HOUSEHOLD

First Name (+ last name if different than family name)	Religion	M/F	DOB	Baptism Received? (list location if known)	1 st Comm. Received? (list location if known)	Confirmation Received? (list location if known)	School Attending or Profession

Former Parish Community (Name, City, State) _____

What brought you to St. Alphonsus?
(i.e. moved, friend attends here, specific ministry, etc.) _____

Are there any ministries you'd like to be involved in? _____