



St. Albert the Great Catholic Church
 2420 St. Albert Drive, Sun Prairie, WI 53590 608-837-3798
www.saintalberts.org

Parishioner Registration Form Date Registered _____

Heads of Household Member Information

Member Name: _____
Last (Maiden) First Middle

Date of Birth: _____ Gender: M F

Religion: _____

Work Phone _____

Occupation: _____ Employer: _____

Baptized: Yes No 1st Communion: Yes No Confirmed: Yes No

Marital Status: Single Married

Member Name: _____
Last (Maiden) First Middle

Date of Birth: _____ Gender: M F

Religion: _____

Work Phone _____

Occupation: _____ Employer: _____

Baptized: Yes No 1st Communion: Yes No Confirmed: Yes No

Marital Status: Single Married

Marriage Date: _____ Place: _____

Address Information

Street Address: _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

E-mail Address: _____

Children at Home

Name	M/F	Birth Date	Grade/School	Baptism	Communion	Confirmation
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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