



New Parishioner Registration Form

St. Albert the Great Catholic Church

Sun Prairie, Wisconsin

St. Albert the Great
ROMAN CATHOLIC CHURCH

Today's date _____

Heads of Household Member Information

Member Name: _____
Last (Maiden) First Middle

Date of Birth: _____ Gender: M F Phone: _____

Religion: _____ Email: _____

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 Phone: _____

Religion: _____ Email: _____

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: _____

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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Please return this registration form by email to receptionist@saintalberts.org
or mail/drop off at 2420 St. Albert the Great Drive, Sun Prairie, 53590

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