



**ST ALOYSIUS CATHOLIC CHURCH AND
MARY STAR OF THE SEA MISSION**
70 School Street. P O Box 66 Point Arena,
CA. 95468.
707 882 1734

Today's Date: / /

Office Use Only
REG/ENV#

REGISTRATION FORM
Please Print

Family Last Name: _____

Home Address: _____ City _____ Zip Code _____

Phone: _____ Church Attendance: Regular ___ Frequent ___ Occasional ___ Seldom ___

Present Marital Status
(Please check one)

Married in the Catholic Church Year _____
 Married but not in the Catholic Church Year _____
 Divorced Year _____
 Separated Year _____

Single Widowed Living Together

A Head of Household _____ Spouse/Domestic Partner _____

Date of Birth _____ Date of Birth _____

Occupation _____ Occupation _____

Place of Employment _____ Place of Employment _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Religion _____ Religion _____

Maiden Name (if applicable) _____ Maiden Name (if applicable) _____

SACRAMENTAL INFORMATION OF ALL MEMBERS LIVING IN SAME HOUSEHOLD
(Include Head of Household, Spouse, Children, Others in the Household)

Name	M/F	DOB	(Please Circle) Baptism		(Please Circle) Communion		(Please Circle) Confirmation		Present Schl Grade	Enrolled in CFF ¹ Yes/No	Special Needs
			Yes	No	Yes	No	Yes	No			
			Yes	No	Yes	No	Yes	No			
			Yes	No	Yes	No	Yes	No			
			Yes	No	Yes	No	Yes	No			
			Yes	No	Yes	No	Yes	No			
			Yes	No	Yes	No	Yes	No			
			Yes	No	Yes	No	Yes	No			

Is there anyone in the household who is homebound? Yes No

Primary language(s) spoken in the household: _____

Preferred method of contributions to the parish: Envelopes Electronic funds transfer

Anything Else?: _____

Office Use Only:
Date received _____ Date entered _____ Other _____