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Email: office@stalexanderparish.org
Website: stalexanderparish.org

PARISHIONER REGISTRATION FORM						
FAMILY (Please print all responses.)						
Family Name:	ID# (FOR OFFICE USE ONLY)					
Address:						
City:	State, Zip:					
Phone:	Do you want your phone # listed in the parish directory?					
Email:	Yes No					
Previous Parish, City, State:						
Please check your preference: For contributions, would you like: For online giving, go to www.stalexanderparish.churchgiving.com	Monthly envelopesOnline giving					
HEAD OF HOUSEHOLD (Please print all responses.)						
Full Name (include maiden name, if applicable)						
Date of Birth/Place of Birth:	Religion:					
Occupation:	Sacraments Received (Please check box):					
Work Phone:	Baptism Reconciliation					
Cell Phone:	Communion					
Alumni of St. Alexander School?	Confirmation Marriage date:					
Yes—Year No						
SPOUSE (Please print all responses.)						
Full Name (include maiden name, if applicable)						
Date of Birth/Place of Birth:	Religion:					
Occupation:	Sacraments Received (Please check box):					
Work Phone:	Baptism Reconciliation					
Cell Phone:	Communion					
Alumni of St. Alexander School?	Confirmation Marriage date:					
Yes—Year No	iviairiage uate					

GIVEN NAME	Date of birth place of birth	Baptism Date/Parish	First Reconciliation Date/Parish	First Communion Date/Parish	Confirmation Date/Parish	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
PARISH SERVICES						
Other pertinent information about your household: (Example: "The whole family speaks Spanish.")						

CHILDREN AND OTHER MEMBERS OF THE HOUSEHOLD (to the best of your recollection)