

**Membership Registration**

**St. Aloysius Church, 19 Eye St., N.W., Washington, DC 20001**  
(Please mail completed form to the parish office or give to any parish staff person.)

Today's Date: \_\_\_\_\_

**Head of Household Name** \_\_\_\_\_

**Baptized Catholic?** Y N **Church of Baptism** \_\_\_\_\_

**If not, are you baptized Christian?** Y N **Which Faith?** \_\_\_\_\_

**Confirmed?** Y N

**Address** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_ **(W/Other)** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Spouse/Partner** \_\_\_\_\_

**Baptized Catholic?** Y N **Church of Baptism** \_\_\_\_\_

**If not, are you baptized Christian?** Y N **Which Faith?** \_\_\_\_\_

**Confirmed?** Y N

**Phone (H)** \_\_\_\_\_ **(W/Other)** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Children under 18 (custodial and non-custodial):** *(The back side of this form may be used to provide information for additional children.)*

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Boy/Girl **Baptized Catholic?** Y N

**Church of Baptism** \_\_\_\_\_ **Confirmed?** Y N

**If not, are you baptized Christian?** Y N **Which Faith?** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Boy/Girl **Baptized Catholic?** Y N

**Church of Baptism** \_\_\_\_\_ **Confirmed?** Y N

**If not, are you baptized Christian?** Y N **Which Faith?** \_\_\_\_\_

**Can we publish your information in our next parish directory update?** Y N

**If not, please designate what you wish published:** \_\_\_\_\_

**Do you wish to receive envelopes to use for weekly offerings & collections?** Y N

**Do you wish to have your birthdays remembered in the Bulletin?** Y N

Please circle the ministries/programs in which you would like to participate.

**Liturgical:** Server Reader Minister of Holy Communion Usher Greeter Choir

**Service:** Faith Formation/Youth Programs Sick and Homebound Visitation

**Social:** 10:00 AM Nursery Social Concerns/Justice ministries  
Young Adults Association Teen Club Socials and Benefits Committee

**Additional space for children**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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**Church of Baptism** \_\_\_\_\_ **Confirmed?** Y N  
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**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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