Family E	Con	<b>Confidential Parish Family Registration</b>						n: SPI	N			
ranniy E	inverop ivai									S	4	
Last name:		Middle:		First:			Email: Phone:					
Spouse Last name:			Middle:		First:							
Address:	S:		State		City:							
Registration Date:	_			Would you like info on Electronic Funds Transfer for Monthly paris					tributions? YES NO			
Do you presently receive Catholic Voice?			YES	NO	Mass	s Attendance: Weekly		•	quent	Seld	Seldom	
Registered Family			Member	Spouse		<u>Child</u>		Child	Other/Child			
First Name											<u> </u>	
Last	Name											
	Gender											
Marital	Status											
Religion												
Primary Language												
Осси	pation											
Birt	th date											
В	aptism											
Confir	mation											
Eu	charist											
Reconciliation												
School/Grade												

## Stewardship Support

I am interested in receiving information on the following Ministries

Stewar	dship Committee
Li	turgy Committee
	Hospitality
Minister	to the Homebound
	Altar Server
	Greeter
	Evangelization
	Respect for life
	Choir
Children	n's Liturgy of Word
Вар	ptism Preparation
Action (	(Teen's Ministry)
	Catechist
	Bereavement
St	t. Vincent de Paul
Social	Justice Outreach
Knig	ghts of Columbus
	Scouting
	Rosary Makers
Pray	yer & Meditation
	Children Bay Action St Social Knig

After filling the Form, Print the form using the Adobe print button and bring it to the Parish Office for Registration

## St. Albert the Great 3101 Van Buren St. Alameda, CA 94501