

**Ss. Robert & William Catholic Parish  
Alumni Registration**

**School Attended:** \_\_\_\_\_ **St. Robert** \_\_\_\_\_ **St. William**

**Year Graduated**

**First Name**

**Current Last Name**

**Maiden Name**

**Home Address**

**City**

**State/Zip**

**Email**

**Phone #**

**Please complete the following information**

**If you have any siblings who attended St. Robert or St. William Schools, please list their name(s) and contact information below.**

**If you have any friends and/or acquaintances who attended Ss. Robert or St. William Schools, please list their name(s) and contact information below.**

**If you would like information regarding the following, please check appropriate space:**  
\_\_\_\_\_ **Reunion information** \_\_\_\_\_ **Endowment Information** \_\_\_\_\_ **Angel Fund Program**  
\_\_\_\_\_ **School/Parish News** or other (please specify): \_\_\_\_\_