

**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): _____