

Please check one: New Registration ____ or Census Update ____

St. Bernardine Roman Catholic Church
Registration/Census Form

Please provide us with the following information. Thank you for your assistance.

Date: _____

Household Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

List separately each person living in your household. Please list yourself first. Please print clearly.

Your Full Name: _____
(Last) (First) (Middle Initial)

Are you a Member of St. Bernardine Roman Catholic Church? Yes _____ No _____

Sex (M/F): _____ Birth Date: _____ Envelope # _____

Do you wish to receive (or continue to receive) church envelopes? Yes _____ No _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Marital Status: _____ Religion: _____

Baptized: Yes ____ No ____ First Communion: Yes ____ No ____ Confirmed: Yes ____ No ____

Occupation, Activities, Skills, or Hobbies: _____

If member is a child, do they attend our Sunday School: Yes ____ No ____ Grade _____

How can we minister to you? Please use the space on the reverse side of this form to answer.

Full Name: _____
(Last) (First) (Middle Initial)

Relationship to You: _____ Member of St. Bernardine's? Yes _____ No _____

Sex (M/F): _____ Birth Date: _____ Envelope # _____

Do you wish to receive (or continue to receive) church envelopes? Yes _____ No _____

Cell Phone: _____ Email Address: _____

Marital Status: _____ Religion: _____

Baptized: Yes ____ No ____ First Communion: Yes ____ No ____ Confirmed: Yes ____ No ____

Occupation, Activities, Skills, or Hobbies: _____

If member is a child, do they attend our Sunday School: Yes ____ No ____ Grade _____

(over)

Full Name: _____
(Last) (First) (Middle Initial)

Relationship to You: _____ Member of St. Bernardine's? Yes _____ No _____

Sex (M/F): _____ Birth Date: _____ Envelope # _____

Do you wish to receive (or continue to receive) church envelopes? Yes _____ No _____

Cell Phone: _____ Email Address: _____

Marital Status: _____ Religion: _____

Baptized: Yes ___ No ___ First Communion: Yes _____ No ___ Confirmed: Yes ___ No _____

Occupation, Activities, Skills, or Hobbies: _____

If member is a child, do they attend our Sunday School: Yes ___ No ___ Grade _____

Full Name: _____
(Last) (First) (Middle Initial)

Relationship to You: _____ Member of St. Bernardine's? Yes _____ No _____

Sex (M/F): _____ Birth Date: _____ Envelope # _____

Do you wish to receive (or continue to receive) church envelopes? Yes _____ No _____

Cell Phone: _____ Email Address: _____

Marital Status: _____ Religion: _____

Baptized: Yes ___ No ___ First Communion: Yes _____ No ___ Confirmed: Yes ___ No _____

Occupation, Activities, Skills, or Hobbies: _____

If member is a child, do they attend our Sunday School: Yes ___ No ___ Grade _____

How can we minister to you? _____

<p>For office use only:</p> <p>Received: _____</p> <p>Action: _____</p> <p>_____</p> <p>Entered: _____</p>
