

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:** \_\_\_\_\_

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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.**

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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)

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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 \_\_\_\_\_

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