

St. Bernard Parish

NEW PARISHIONER REGISTRATION FORM

| □Records created. |
|--------------------------------|
| □Assigned to proper workgroups |
| □Assigned offertory number |
| □Data Entry Initials |
| □Pastor Initials |

| MAILING & CONTACT INFORMATION First Name(s): Last Name: Address: City, State & Zip: Best Number to reach you? () | | 1103 1110 | | | | | | | | |
|---|--------------|---|------------------|--|--------------------------------------|------------------------------------|------------------------|-------------|-----------------|--|
| | | | | | Best email address for your family?@ | st email address for your family?@ | | □Yes □No | | |
| | | | | | INFORMATION—ADULT #1 | | I | INFORI | MATION—ADULT #2 | |
| | | | | | Full name (first, middle, last): | Fı | III name (first, middl | lle, last): | | |
| | | | | | Maiden Name: | | | | len Name: | |
| | | | | | Date of Birth: | rent Religion: | | | | |
| Current Religion: Cur | | | | | | | | | | |
| Occupation: | O(| ccupation: | | | | | | | | |
| Sacraments Received? Date of Sacrament (if known) Date of Sacrament (if known) | | craments Received ate of Sacrament (if | | □Baptism □1st Eucharist □Confirmation ———————————————————————————————————— | | | | | | |
| INFORMATION ABOUT YOUR MARRIAGE > | If yes, were | rrently married? | □Yes □Civilly | □No / □In the Catholic Church □In another church | | | | | | |
| INFORMATION ABOUT YOUR CHILDREN | When is yo | ur anniversary? | | | | | | | | |
| Child #1's full name (first, middle, last) Dates of Sacraments (if known): Child #1's date of birth: | | □Ba | aptism □1 | St Eucharist — Confirmation (check which Sacraments have been received) ———— | | | | | | |
| Child #2's full name (first, middle, last) Dates of Sacraments (if known): Child #2's date of birth: | | □Ba | aptism 🗆1 | Ist Eucharist — Confirmation (check which Sacraments have been received) ———— | | | | | | |