

Church of St. Bernard - Parish Registration Form

Date _____

Last Name _____

Home Telephone _____

Address _____

Father Work Tel. _____

City _____

Mother Work Tel. _____

Zip _____

Cell Phone _____

Catholic/ Marital

Family Members	Birth Date	Non-Cath	Status	Relationship	Occupation/School

Do you prefer to contribute to the support of the parish by weekly envelopes? _____

Do you have any family members confined to your home? _____

Would you like a priest to visit and/or bring Communion? _____

List any special gifts/skills family members could share with our parish: