ST. BERNADETTE PARISH FAMILY REGISTRATION FORM (FAMILY COVER SHEET)			Filing Name EnvNo/ID Date Registered			
ILY VE	Family Last Name:		First Name and Middle Initial:			
FAMILY	Title: Mr. Mrs. Ms. Miss Other	THE SECTION WITH THE PARTY WATER	Suffix:	Jr. Sr. III Other:		
	Street Address:					
SS						
DDRE	City:	State:		Zip:		
FAMILY ADDRESS	Mailing Address if different:					
	Other/Seasonal Address if you use one:					
	Please indicate when to use other address:					
0	Preferred Family Phone Numbers: (List other numbers on member pages)					
AMIY ACT INFO	Land Line () Unlisted? Y N					
FAMIY JTACT I	Cell () belongs to which member					
CONT	Preferred Family Email Address: (List other email info on member pages)					
REMARKS:						

St. Bernadette Parish

5930 South Abbott Rd. Orchard Park, NY 14127-4597 716-649-3090 www.StBernadetteOPNY.org



Filing Name _____ ADULT MEMBERS FOR FAMILY REGISTRATION EnvNo/ID **SPOUSE HEAD OF HOUSEHOLD** Name - Last, First, Middle, Maiden Name - Last, First, Middle, Maiden PERSONAL INFORMATION Title: Mr. Mrs. Ms. Miss Dr. Other: Title: Mr. Mrs. Ms. Miss Dr. Other: _____ Suffix: Jr. Sr. III Other: Suffix: Jr. Sr. III Other: _ Grade/Degree Grade/Degree Gender: M Birth date M F Birth date Gender: Ethnicity Ethnicity Religion Religion Occupation Occupation **Employer Employer** Special Needs **Special Needs** Personal Phone Numbers Unlisted? Personal Phone Numbers Unlisted? Y N PERSONAL CONTACTS Cell Y N Cell Work (Y N Y N Work () Other (Y N Y N Other (Personal Email Addresses Preferred? Preferred? Personal Email Addresses Personal Personal Work Work Other Other BAPTISM Date: Date: **BAPTISM** Church: Church: SACRAMENTAL INFO City/State: City/State: G **CONFIRM ED** Date: Date: CONFIRM Church: Church: City/State: City/State: Church: MARRIAGE: Date: City/State: **REMARKS OR DETAILS**

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