

ST. BERNADETTE PARISH
FAMILY REGISTRATION FORM
(FAMILY COVER SHEET)

Filing Name _____
EnvNo/ID _____
Date Registered _____

FAMILY NAME	Family Last Name:		First Name and Middle Initial:	
	Title: Mr. Mrs. Ms. Miss Mr. & Mrs. Other _____		Suffix: Jr. Sr. III Other: _____	
FAMILY ADDRESS	Street Address:			
	City:	State:	Zip:	
	Mailing Address if different:			
	Other/Seasonal Address if you use one:			
FAMILY CONTACT INFO	Preferred Family Phone Numbers: (List other numbers on member pages)			
	Land Line (____) ____ - _____ Unlisted? Y N			
	Cell (____) ____ - _____ belongs to which member _____			
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



ADULT MEMBERS FOR FAMILY REGISTRATION

Filing Name _____
 EnvNo/ID _____

PERSONAL INFORMATION	HEAD OF HOUSEHOLD	SPOUSE
	Name - Last, First, Middle, Maiden	Name - Last, First, Middle, Maiden
	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 F Birth date / /	Gender: M F Birth date / /
	Ethnicity	Ethnicity
	Religion	Religion
	Occupation	Occupation
	Employer	Employer
Special Needs	Special Needs	

PERSONAL CONTACTS	Personal Phone Numbers	Unlisted?	Personal Phone Numbers	Unlisted?
	Cell ()	Y N	Cell ()	Y N
	Work ()	Y N	Work ()	Y N
	Other ()	Y N	Other ()	Y N
	Personal Email Addresses	Preferred?	Personal Email Addresses	Preferred?
	Personal	<input type="checkbox"/>	Personal	<input type="checkbox"/>
	Work	<input type="checkbox"/>	Work	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	

SACRAMENTAL INFO	BAPTISM	Date: Church: City/State:	BAPTISM	Date: Church: City/State:
	CONFIRMED	Date: Church: City/State:	CONFIRMED	Date: Church: City/State:
	MARRIAGE: Date: _____ Church: _____ City/State: _____			

REMARKS OR DETAILS

CHILDREN FOR FAMILY REGISTRATION

Filing Name _____
 EnvNo/ID _____

CHILD # _____	Name (Last, First, Middle, Maiden)		
	Title: Mr. Mrs. Ms. Miss Dr. Other: _____		Suffix: Jr. Sr. III Other: _____
	Type: Circle One: Child Young Adult	Gender: M F	Birth date / /
	Grade	School	
	Ethnicity	Religion	
	Special Needs		
	Personal Cell Phone: ()		Personal Email:
	BAPTISM Date:	Church: City/State:	
	CONFIRMATION Date:	Church: City/State:	
	CHILD # _____	Name (Last, First, Middle, Maiden)	
Title: Mr. Mrs. Ms. Miss Dr. Other: _____		Suffix: Jr. Sr. III Other: _____	
Circle One: Child Young Adult		Gender: M F	Birth date / /
Grade		School	
Ethnicity		Religion	
Special Needs			
Personal Cell Phone: ()		Personal Email:	
BAPTISM Date:		Church: City/State:	
CONFIRMATION Date:		Church: City/State:	
CHILD # _____		Name (Last, First, Middle, Maiden)	
	Title: Mr. Mrs. Ms. Miss Dr. Other: _____		Suffix: Jr. Sr. III Other: _____
	Grade	Gender: M F	Birth date / /
	School	Grade	
	Ethnicity	Religion	
	Special Needs		
	Personal Cell Phone: ()		Personal Email:
	BAPTISM Date:	Church: City/State:	
	CONFIRMATION Date:	Church: City/State:	

CHILDREN FOR FAMILY REGISTRATION

Filing Name _____
 EnvNo/ID _____

CHILD # _____	Name (Last, First, Middle, Maiden)		
	Title: Mr. Mrs. Ms. Miss Dr. Other: _____		Suffix: Jr. Sr. III Other: _____
	Type: Circle One: Child Young Adult	Gender: M F	Birth date / /
	Grade	School	
	Ethnicity	Religion	
	Special Needs		
	Personal Cell Phone: ()		Personal Email:
	BAPTISM Date:	Church: City/State:	
	CONFIRMATION Date:	Church: City/State:	
CHILD # _____	Name (Last, First, Middle, Maiden)		
	Title: Mr. Mrs. Ms. Miss Dr. Other: _____		Suffix: Jr. Sr. III Other: _____
	Circle One: Child Young Adult	Gender: M F	Birth date / /
	Grade	School	
	Ethnicity	Religion	
	Special Needs		
	Personal Cell Phone: ()		Personal Email:
	BAPTISM Date:	Church: City/State:	
	CONFIRMATION Date:	Church: City/State:	
CHILD # _____	Name (Last, First, Middle, Maiden)		
	Title: Mr. Mrs. Ms. Miss Dr. Other: _____		Suffix: Jr. Sr. III Other: _____
	Grade	Gender: M F	Birth date / /
	School	Grade	
	Ethnicity	Religion	
	Special Needs		
	Personal Cell Phone: ()		Personal Email:
	BAPTISM Date:	Church: City/State:	
	CONFIRMATION Date:	Church: City/State:	