

# ST. BERNADETTE PARISH

## REGISTRATION FORM (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:

Please indicate when to use other address:

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)

Please list any special gift, talents, or skills you can offer:

How can the Parish be of assistance to you?

St. Bernadette Parish

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



**ADULT MEMBERS FOR 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

Personal

Work

Work

Other

Other

**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 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 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:

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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: