

St Bernard Church: Parishioner Registration Form

275 Tower Hill Road
North Kingstown, RI 02852
295-0387 www.stbernardnk.org

Family Name: _____ Mailing Name: (Mr. & Mrs., Ms.) _____
Address: _____
City _____ Home Phone: _____
State: _____ Zip: _____ Date: _____

Check One: On-Line Giving: _____ Budget Envelopes: _____
(www.stbernardnk.org/support-your-parish)

Permission to list your names (for example: John & Mary Jones and children Jack & Jill) in a 'Welcome New Parishioner' message to be placed in the bulletin and parish email: YES: _____ NO: _____

Male Head of Household

First Name: _____ Birth Date: _____
Cell Phone: _____ Email Address: _____
Occupation: _____ Employer: _____ Work Phone: _____

Sacramental Information

	Date (if known)	Church
Baptism		
Reconciliation		
First Eucharist		
Confirmation		
Marriage Status (S-M-D): _____		

Married by Catholic Priest (Y/N): _____

Female Head of Household

First Name: _____ Birth Date: _____
Last Name: _____ Maiden Name: _____
Cell Phone: _____ Email Address: _____
Occupation: _____ Employer: _____ Work Phone: _____

Sacramental Information

	Date (if known)	Church
Baptism		
Reconciliation		
First Eucharist		
Confirmation		
Marriage Status (S-M-D): _____		

Married by Catholic Priest (Y/N): _____

Family Member Information – Children (Under 18 Years of Age)

Role (Son, Daughter): _____

First Name: _____ Last Name: _____

Birth Date: _____ School: _____ Grade: _____

	Date (if known)	Church
Baptism		
Reconciliation		
First Eucharist		
Confirmation		

Role (Son, Daughter): _____

First Name: _____ Last Name: _____

Birth Date: _____ School: _____ Grade: _____

	Date (if known)	Church
Baptism		
Reconciliation		
First Eucharist		
Confirmation		

Role (Son, Daughter): _____

First Name: _____ Last Name: _____

Birth Date: _____ School: _____ Grade: _____

	Date (if known)	Church
Baptism		
Reconciliation		
First Eucharist		
Confirmation		

Are there any members of your household that would like to be contacted by the parish priest? (Y): _____

Talents or Expertise you may wish to use in service to the Parish:

Please indicate if there are any special needs your family has and how the Parish can be of assistance:

Office Use: Date: _____ Parish Soft: _____ OSV: _____ Letter: _____

FF: _____ Pastor: _____ Constant: _____ Env No.: _____