FAMILY REGISTRATION FORM

St. Bernard Catholic Church

1306 E. Main Street Crawfordsville, IN 47933 765-362-6121, ext. 10

	(Office Use Only)	
	I.D. / Env	
	Entered by:	
	Date	
PDS	Cath. Mom	

Family Last NameAddress	City	State	Zin Code
rimary Phone	Ory Cell #	StateZip Code	
E-Mail			
Head of Household Name-Last, First:_			
Title :(Mr., Mrs., Miss, Dr. Other):	Member Nickname:	Maiden Name:	
Birth Date: Gender:	Religion:		
Marital Status:			
(Catholic Marriage, Married, Single, W	(idowed, Divorced)		
Occupation:	_Location:		
Business Phone:			
Baptism – Month/Day/Year			
Church, City & State Location			
Church, City & State Location	Gai		
Confirmation - Month/Day/Year			
Church, City & State Location			
Marriage - Month/Day/Year			
Church, City & State Location			
Ministries of Interest:			
Spouse Name-Last, First			
Title(Mr., Mrs., Miss, Dr. Other):	Member Nickname:	Maiden Name: _	
Birth Date: Gender:	Religion:		
Marital Status:	(idowed Diversed)		
(Catholic Marriage, Married, Single, W Occupation:			
Description of Discourse			
Baptism - Month/Day/Year			
Church, City & State Location			
First Holy Communion – Month/Day/Y			
Church, City & State Location			
Confirmation - Month/Day/Year			
Church, City & State Location			
Marriage - Month/Day/Year			
Church, City & State Location			
Ministries of Interest:			

Dependant Children: (Under 21 years of age) Please have 21 years or older children living at home register separately.

1)	Name-Last, First		Member Nickname:	
Schoo	I Attending:		Grade:	
Birth D	Date: Age:	Gender:	Religion:	
	<u>sm</u> - Month/Day/Year			
	Holy Communion - Month/Day/Y			
	h, City & State Location			
	mation - Month/Day/Year			
	h, City & State Location			
2)	Name-I ast First		Member Nickname:	
Schoo	l Attending:		Grade:	
Birth Γ	Date: Age:	Gender:	Religion:	
	<u>sm</u> - Month/Day/Year		Trongion:	
	Holy Communion – Month/Day/Y			
Confir	motion Month/Doy/Voor			
	mation - Month/Day/Year			
	h, City & State Location		Mambar Nielrama	
3)			Member Nickname:	
201100	Nata:	Candan	Grade:	
			Religion:	
	<u>sm</u> - Month/Day/Year			
First F	Holy Communion – Month/Day/Y	ear		
Churc	h, City & State Location			
	mation - Month/Day/Year			
Churc	h, City & State Location			
4)			Member Nickname:	
Schoo	l Attending:		Grade:	
			Religion:	
	<u>m</u> - Month/Day/Year			
	h, City & State Location			
	<u>loly Communion</u> – Month/Day/Y			
	h, City & State Location			
	<u>mation</u> - Month/Day/Year			
Churc	h, City & State Location			
5)	Name-Last, First		Member Nickname:	
Schoo	l Attending:		Grade: Religion:	
Birth D	Date: Age:	Gender:	Religion:	
<u>Baptis</u>	<u>sm</u> - Month/Day/Year			
Churc	h, City & State Location			
First F	Holy Communion - Month/Day/Y	'ear		
Churc	h, City & State Location			
Confir	mation - Month/Day/Year			
	h, City & State Location			
6)	Name-Last, First		Member Nickname:	
Śchoo	l Attending:		Grade:	
Birth D	Date: Age:	Gender:	Grade: Religion:	
Baptis	<u>sm</u> - Month/Day/Year			
	Holy Communion - Month/Day/Y			
	mation - Month/Day/Year			
Chure	h City & State Location			
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