

**St. Bernadette Church**  
**1343 Wheeling Road Lancaster, Ohio 43130 (740) 654-1893**  
**Registration / Information Changes**

Family Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Previous Parish Registered (if this is a new registration): \_\_\_\_\_

**Male Adult**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title (please circle): Mr. Dr. Other: \_\_\_\_\_

Marital Status (please circle): Single Married Divorced Widowed

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Religion (please circle): Active Catholic Inactive Catholic None Other: \_\_\_\_\_

Sacraments received (year if known): Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Married according to rite of the Catholic Church? yes no

Date \_\_\_\_\_ Place of Marriage: \_\_\_\_\_ City, State: \_\_\_\_\_

**Female Adult**

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title (please circle): Miss Mrs. Ms. Dr. Other: \_\_\_\_\_

Marital Status (please circle): Single Married Divorced Widowed

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Religion (please circle): Active Catholic Inactive Catholic None Other: \_\_\_\_\_

Sacraments received (year if known): Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Married according to rite of the Catholic Church? yes no

Date: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_ City, State: \_\_\_\_\_

How will you contribute to your parish? (Envelope or Electronic Fund Transfer; circle below)

Weekly Envelope Monthly Envelope EFT Do you need information about EFT? Yes No

If you would like a pastoral call or visit to be made, please let us know here: \_\_\_\_\_

Please complete the reverse side of this page if there are children (even if they are away at school) or other relatives living at home.

Name, address, phone numbers and email addresses may be distributed to church and school members.  
Please specify below any item of information which needs to be kept private.

**Number of Children:** \_\_\_\_\_ Please list all children still living at home, from oldest to youngest. A person over 23 years of age is considered an adult and should register as an adult unless there are special circumstances. Please give place and date for sacraments, if known.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Male Female Practicing Catholic? yes no  
 Baptism? yes no First Communion? yes no Confirmation? yes no  
 Public or Parochial School attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
 College or University attending: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Male Female Practicing Catholic? yes no  
 Baptism? yes no First Communion? yes no Confirmation? yes no  
 Public or Parochial School attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
 College or University attending: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Male Female Practicing Catholic? yes no  
 Baptism? yes no First Communion? yes no Confirmation? yes no  
 Public or Parochial School attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
 College or University attending: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Male Female Practicing Catholic? yes no  
 Baptism? yes no First Communion? yes no Confirmation? yes no  
 Public or Parochial School attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
 College or University attending: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Male Female Practicing Catholic? yes no  
 Baptism? yes no First Communion? yes no Confirmation? yes no  
 Public or Parochial School attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
 College or University attending: \_\_\_\_\_

**Other Adult Living with You** (adult child, elderly parent, etc.)  
 Relationship \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Title (please circle): Mr. Miss Mrs. Ms. Dr. Other: \_\_\_\_\_  
 Marital Status (please circle): Single Married Divorced Widowed  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Religion (please circle): Active Catholic Inactive Catholic None Other: \_\_\_\_\_  
 Sacraments received (year if known): Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_  
 Married according to rite of the Catholic Church? yes no  
 Date: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_ City, State: \_\_\_\_\_