



St. Bernard Catholic Church

Date:

910 Lagonda Ave.
Springfield, OH 45503
<http://www.stbernard-springfield.org/>

937-322-5243 FAX: 937-322-3788

NEW MEMBER REGISTRATION FORM

Personal Information					
	Head of Household	Member 2	Member 3	Member 4	Member 5
First Name					
Middle					
Last Name (if different)					
Nickname or Preferred Name					
Maiden Name					
Gender					
Address					
Birth Date					
City, State Zip					
Home Phone					
Alt. Phone					
Email Address					
Marital Status					
Relationship To Family					
Current Religion					
Disability or Special Needs					
Languages Spoken					
Current Grade or Degree					
Special Skills/Hobbies					
Employment Information					
Occupation					
Employer					
Work Phone					

Sacrament Information					
	Head of Household	Member 2	Member 3	Member 4	Member 5
Baptism	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Parish					
Date					
First Communion	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Parish					
Date					
Confirmation	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Parish					
Date					
Marriage	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Parish					
Date					

Previous Parish _____ Do you desire to meet with the Pastor for any reason? Yes/No

Is there any other information that you would like to share with us about yourself or your family?

Are there any activities or ministries in which you would like to participate?

Take A Step with your Time and Talent – Volunteer For Any Of The Following Ministries

	Head of Household	Member 2	Member 3	Member 4	Member 5
Communion Distributor					
Communion To Shut-In					
Lectoring					
Song Leader					
Ushering					
CCD Teach/Aide					
Server					
Marriage, Baptism, Prep (Specify)					
Bereavement					
Youth Group					
Transport To Mass					
St. Vincent DePaul					
Offertory Family					
Hospitality					
Other (Please Specify)					