St. Brigid Parish

18 Gibson Street, Bergen, New York 14416

Registration Form

Family Name:_____ Phone 1: (____)_____ Phone 2: (____)_____Date:_____

Address: _____
Street City/Town State Zip

Mailing Address (if different):_____
Street City/Town State Zip

E-Mail Address:_____ Church Attendance: Frequent / Regular / Occasional / Seldom

Marital Status: Church Married / Married / Single / Divorced / Separated / Widow

If Married Date of Marriage and Location:_____

Number of Minor Children in Home:_____ Number of Others in Home:_____

Name and Location of Parish you were previously registered: _____

MEMBER INFORMATION

	Head	**Spouse**	**Child**	**Child**	**Child**	**Child**
First Name Middle Name (Last Name if different)						
Sex	M / F	M / F	M / F	M / F	M / F	M / F
Birth Date						
Religion – Catholic or other						
Baptism – Date & Location						
1st Penance – Date & Location						

Office Use: Envelope Number:_____ Date Entered_____

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	Head	**Spouse**	**Child**	**Child**	**Child**	**Child**
1st Communion – Date & Location						
Confirmation - Date & Location						
Marriage – Date & Location						
Occupation & Location or School Attending						
Ministries / Talents						
Ministries / Talents						
Would like to Volunteer for:						

Comments: _____

_____

_____