SAINT BARNABAS
SAN BERNABE
CATHOLIC CONGREGATION

Parishioner Registration

Last Name of Family	Home Phone	Date
Address	City	State / Zip

Adult:

Last Name _____ First Name _____ Middle _____

(If applicable) Maiden Name _____ Wedding Date & Location _____

Cell Phone: _____ E- mail:_____

Birthdate _____ Sex: F M Religion _____

Have you received: Baptism Yes No Communion Yes No Confirmation Yes No

Check which applies: Married: _____ Single: _____ Widowed: _____ Divorced: _____

Place of employment _____ Occupation: _____

Disability: Yes No Ethnicity:_____ Language: _____

Adult:

Last Name _____ First Name _____ Middle _____

(If applicable) Maiden Name _____ Wedding Date & Location _____

Cell Phone: _____ E-mail: _____

Birthdate _____ Sex: F M Religion _____

Have you received: Baptism Yes No Communion Yes No Confirmation Yes No

Check which applies: Married: _____ Single: _____ Widowed: _____ Divorced: _____

Place of employment: _____ Occupation: _____

Disability: Yes No Ethnicity: _____ Language: _____

Children:

Last Name: _____ First Name: _____ Middle: _____

Birthdate: _____ Sex: F M Religion: _____

Have you received: Baptism Yes No Communion: Yes No Confirmation: Yes No

Ethnicity: _____ Language: _____

School: _____ Grade: _____

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Last Name: _____ First Name: _____ Middle: _____

Birthdate: _____ Sex: F M Religion: _____

Have you received: Baptism Yes No Communion: Yes No Confirmation: Yes No

Ethnicity: _____ Language: _____

School: _____ Grade: _____

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Last Name: _____ First Name: _____ Middle: _____

Birthdate: _____ Sex: F M Religion: _____

Have you received: Baptism Yes No Communion: Yes No Confirmation: Yes No

Ethnicity: _____ Language: _____

School: _____ Grade: _____

Special needs or information we should be aware of for any member of the family:

_____

_____

_____

Previous Parish: _____

Please notify them that you are now members at St. Barnabas Congregation.

Please return this registration form via the collection basket, mail or drop it off at our Parish Sites. Thank you!