

St. Bernard of Clairvaux Catholic Church

10755 North 124th Street, Scottsdale, Arizona 85259

Phone: 480-661-9843 e-mail: stbofclairvaux@diocesephoenix.org Fax: 480-614-8092

We welcome you, and thank you for becoming a part of our Community.

FAMILY REGISTRATION FORM

(PLEASE PRINT CLEARLY)

HEAD OF HOUSEHOLD:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

ADDRESS:

(STREET ADDRESS)

(MAIDEN NAME)

(CITY/STATE/ZIP CODE)

HOME PHONE:

[] LISTED NUMBER [] UNLISTED NUMBER

E-MAIL ADDRESS: _____

Occupation/Employee/Business Phone: _____

NAME OF SPOUSE:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME/MAIDEN NAME)

Occupation/Employee/Business Phone: _____

E-MAIL ADDRESS: _____

MARITAL STATUS: [] Single [] Married [] Widowed [] Separated [] Divorced

IF MARRIED: [] Catholic Wedding [] Civil Wedding [] Other Church Wedding

IF CATHOLIC WEDDING, NAME OF CHURCH: _____

LOCATION :

(CITY/STATE)

WEDDING DATE:

(MONTH/DATE/YEAR)

PREVIOUS CATHOLIC PARISH:

(NAME OF PARISH)

(CITY/STATE)

MAILING TITLE: [] Mr. & Mrs. [] Dr. & Mrs. [] Mr. [] Mrs. [] Ms.
[] Other (Please Specify): _____

WINTER VISITOR: [] Yes
[] No

TODAY'S DATE: _____

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OTHER PERSONAL DATA: For items requiring dates, please provide MONTH/DATE/YEAR, if possible.

	RELIGION	SEX	DATE OF BIRTH	BAPTISM		FIRST COMMUNION	CONFIRMATION
				DATE	NAME OF CHURCH		
HEAD OF HOUSE-HOLD						YES NO	YES NO
SPOUSE						YES NO	YES NO

CHILDREN (Living at Home):

NAME First and Last (if different)	RELIGION	SEX	DATE OF BIRTH	BAPTISM		FIRST COMMUNION	CONFIRMATION	SCHOOL AND GRADE LEVEL
				DATE	NAME OF CHURCH			
						YES NO	YES NO	
						YES NO	YES NO	
						YES NO	YES NO	
						YES NO	YES NO	
						YES NO	YES NO	
						YES NO	YES NO	
						YES NO	YES NO	

SPECIAL NEEDS OR CONCERNS: