



SAINT BERNARD OF CLAIRVAUX PARISH REGISTRATION

7130 Harrison Avenue, Cincinnati, OH 45247, Office Telephone: 513.353.4207

Office only

WL _____

KC _____

ENV _____

PDS _____

Registered by phone: _____ Registered by mail: _____ Registered in person: _____

FAMILY ID # _____

DATE OF REGISTRATION _____

FAMILY LAST NAME: _____

(Please include location where sacrament was rec'd)

ADULT MEMBER NAME(S)	NICKNAME	DATE OF BIRTH	BAPTISM	FIRST COMM	CONFIRMED

ADDRESS: _____

2ND ADDRESS _____

PHONE# _____ CELL PHONE# _____ EMAIL ADDRESS: _____

Is it okay to e-mail letters from the parish to you? YES NO

SACRAMENTS (INCLUDE LOCATION WHERE RECEIVED, OR WRITE NO IF NOT RECIEVED)

MARRIED? YES NO DATE _____ LOCATION _____ MAIDEN NAME _____

___ CATHOLIC MARRIAGE ___ OTHER FAITH MARRIAGE ___ CIVIL MARRIAGE

___ SINGLE ___ DIVORCED ___ SEPARATED ___ WIDOWED

IF NON-CATHOLIC SPOUSE OR CHILDREN, WHAT RELIGION DO THEY PRACTICE? _____

HUSBAND'S OCCUPATION: _____ WIFE'S OCCUPATION: _____

CHILD(RENS) NAME	DATE OF BIRTH	SCHOOL & GRADE	BAPTISM	FIRST COMM	CONFIRMED

IF YOUR CHILDREN ARE NO LONGER LIVING AT HOME, PLEASE INCLUDE CONTACT NAME & PHONE # OF ADULT CHILD OR OTHER FAMILY MEMBER

(If more space is needed use back of sheet)

PLEASE INCLUDE TALENTS OR TRAINING (Example: teacher, plumber, electrician, artist...): _____