



# 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: \_\_\_\_\_

2<sup>ND</sup> 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...): \_\_\_\_\_